

FILED APR 24 1943
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 65

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2825 MARKET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Lucy E. F. Now

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray C 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov. 19, 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Marion, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James Lawrence
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name H. N. W. W. N. P. S. T.
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Ray C. Now

(b) Address 2825 Market Harrison Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Connell

(b) Address _____

19. (a) 2/2/43 (Date received local registrar) (b) R. Connor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 2825 Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23.
year 1943 hour _____ minute 3:30 A.M.

21. I hereby certify that I attended the deceased from 9-1
1943 to 2-23 1943

that I last saw him alive on 2-23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung Duration 1 yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of left lung
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Howard E. Rudolph (M. D. or other) MD

Address Harrison, Mo Date signed 2/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Michael J. Offenberg

Licensed Embalmer No. *3246*

P. O. Address.....

Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.