

LED MAY 27 1943

Registration District No. **175**

Primary Registration District No. **3036**

Registrar's No. **47**

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Practically all her life

3. (a) PRINT FULL NAME Deborah Jane Lance

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Calvin Lance

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 10 0 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business House work

12. Name Ewin Madlin Davis

13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dennis

15. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ernie Lance

(b) Address 804 Ward St. Hot Springs Ark

17. (a) Burial (b) Date thereof 3-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Barry Co Mo

18. (a) Signature of funeral director Callaway

(b) Address Monett Missouri

19. (a) 4-10-1943 (b) Eunice Lane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett
(If outside city or town limits, write "RURAL")

(d) Street No. Last address 410-5th St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 7
1943 to March 9, 1943;
that I last saw her alive on March 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death gangrene of gall bladder Duration 8 days

Due to

Due to

Other conditions 12761
(Include pregnancy within 3 months of death)

Major findings:
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) (c) Means of injury

23. Signature Frank Ken MD (M. D. or other) C
Address Monett Mo Date signed 3/10/43

RECEIVED

District Health Officer No. 6,

District File Number 543-676

Date Filed MAY 26 1943

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 J. P. Buchanan
Licensed Embalmer No. 3199

P. O. Address Monett, 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.