DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18434

FILED JUN 7 1943

Registration District No. 218 | Primary Registration District No. 4330 | Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Mis.
(b) City or town: East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: New Madrid Co. 72
(c) City or town: 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: VIRGINIA KAY LENDSAY

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: S

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Sept. (Month) 10 (Day) 1943 (Year)

8. AGE: Years ..... Months: 6 Days: 25 If less than one day ..... hr. ..... min.

9. Birthplace: New Madrid Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name: Doyn Lendsey
13. Birthplace: New Madrid (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Artie Mae Rust
15. Birthplace: Steel (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Mr. R. C. Rust
(b) Address: East Prairie, Mo

17. (a) Woodman (Burial, cremation, or removal) (b) Date thereof: April 5 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodman Cemetary

18. (a) Signature of funeral director: Hans Shelby
(b) Address: East Prairie

19. (a) 5-31-43 (Date received local registrar) (b) Fannie E. Brugman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 4 year: 1943 hour: 10 minute: 40 P. M.

21. I hereby certify that I attended the deceased from April 4 1943, 19..., to April 4 1943, 19..., that I last saw him alive on April 4 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Overlay Dam Quee. died suddenly Coroner not Hospital Cause

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): 200 0

Major findings:
Of operations .....

Of autopsy .....

Duration

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

23. Signature: D. Martin 0 (M. D.)
Address: E. Prairie Mo. Date signed: May 7 1943

1211 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 643-233
Date Filed 6-3-43

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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.