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

22585

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 105

Registration District No. 348 Primary Registration District No. 46-12-174 Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Newtown, Rural Clay Twp.
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Sullivan
(c) City or town: Newtown, Rural Clay Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Emily Susan Lievasy
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John W. Lievasy
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: October 31, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	6	hr. min.

9. Birthplace: Newtown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home on farm
11. Industry or business:
MOTHER FATHER
12. Name: Thos J. Conner
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Allen
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: John W. Lievasy
(b) Address: Newtown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Brackett Cem. Newtown
18. (a) Signature of funeral director: Lefevre
(b) Address: Milan, Mo. (Frank D.)
19. (a) 6-17-43 (Date received local registrar) (b) Mrs Sadie Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from August, 1943 to May 20, 1943 that I last saw her alive on May 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration
Due to: High Blood Pressure
Due to:
Other conditions (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? (Specify type of place): —
While at work? — (e) Means of injury: —

23. Signature: U. S. Bradley (M. D. or other)
Address: June 14 1943 Date signed 6/14/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-43-1141
Date Filed JUL 6 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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, M

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

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