

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

25510

Registration District No.

Primary Registration District No.

Registrar's No.

38

## 1. PLACE OF DEATH:

(a) County MILLER  
 (b) City or town ELDON "RURAL" SALINE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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 EVA JANE APPERSON3. (b) If veteran, name war N. 3. (c) Social Security No. N.4. Sex FEMALE 5. Color or race White 6. (e) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife THOMAS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased MAY 19 1896  
(Month) (Day) (Year)8. AGE: Years 67 Months 1 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace MILLER, CO. MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name JESSIE HICKS13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)14. Maiden name TABITHA TRACY15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)16. (a) Informant Cecil Apperson(b) Address ELDON, MO.17. (a) BURIAL (b) Date thereof 7-7-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation DOOLEY CEMETERY18. (a) Signature of funeral director Phillips Funeral Home(b) Address ELDON, MO.19. (a) 7-6-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER(c) City or town ELDON "RURAL"  
(If outside city or town limits, write "RURAL")(d) Street No. SALINE TOWNSHIP  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6  
year 1943 hour 2 minute A.M.21. I hereby certify that I attended the deceased from 7:00  
5 1942, to June 6 1943that I last saw her alive on July 1 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer ascending colon

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)Address ELDON, MO. Date signed 7-6-43

(Licensed Embalmer's Statement on Reverse Side)

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

66000

1114

RECEIVED

Miller County Health Dep't.

County File Number 49-59

Date Filed 8-5-43

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.....

Louis J. Phillips....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis J. Phillips.....

Licensed Embalmer No. 2663

P. O. Address Bedon

**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.**