S. No. 2
M—9-4-41
5-17-39
PI X2948

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28613

State File No.

FILED SEP 10 19[redacted]

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 129

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1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None!
(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 Lawrence
(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Lucy Bell Cecil
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Cecil deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 4 (Day) 1860 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from Sept 13, 1942 to July 24, 1943 that I last saw h alive on, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Emphysema — Duration 30 dy
Due to age and car accident
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 113
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

8. AGE: Years 83 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Mt Vernon (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Fulbright
13. Birthplace Springfield (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Virginia Ella West
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Miss Virginia Cecil
(b) Address Mt Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem Mt Vernon
18. (a) Signature of funeral director H. D. Fossett
(b) Address Mt Vernon Mo
19. (a) 7-27-43 (Date received local registrar) (b) Lucy Crawford (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Car accident 133
(b) Date of occurrence Sep 13, 1942
(c) Where did injury occur? Springfield Greene Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Street (Specify type of place)
While at work? no (e) Means of injury passenger
23. Signature P A Palmer (M. D. or other)
Address Mt Vernon Date signed 7-26-43

1339 (Licensed Embalmer Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 943-991
Date Filed SEP 9 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 Max A. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Me

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.