

SEP 10 1943

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 76 days
(Specify whether In this community 76 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Hume
(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 Myrtle Liggert

3. (b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased Nov. 15 1891
(Month) (Day) (Year)

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

51 8 16 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Lutz

13. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Oliver

15. Birthplace unknown Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Reed Clark

(b) Address Mo State San. Mt. Vernon Mo.

17. (a) None (b) Date thereof July 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation None

18. (a) Signature of funeral director Booth Funeral Home

(b) Address 1244 1/2 St. N.W.

19. (a) 7-31-43 (b) Gudy Dufford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16, 1943, to July 29, 1943 that I last saw her alive on July 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Pulmonary tuberculosis

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) (e) Means of injury _____

23. Signature Esther E. Colman (M. D. or other) _____
Address Mo State Sanatorium Date signed 7-30-43

Duration Over 2 yrs.

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

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

RECEIVED

Treasurer Office No. 6,
District File Number 943-992
Date Filed SEP 9 1943

SEP 27

SEP 21 1943

URAN 2 1945

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 L. Franquet
Licensed Embalmer No. 4252
P. O. Address McVernon, 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.