

S. No. 2
M-9-4-41
5-17-37
PI X224

32798

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 8 1943 58

Registration District No. _____

Primary Registration District No. 6213

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Vernon RURAL
(b) City or town Blue River Mo 4400
(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 1 (Specify whether)
In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D #2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LETHA JANE MEDEARIS

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 married
6. (b) Name of husband or wife W.C. Medearis
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased February 22 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 18 hr. min.

9. Birthplace Jasper Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name S. R. Abrams
13. Birthplace Ind. I
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Elvora Alberty
15. Birthplace Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant M.C. Medearis

(b) Address Shelby City, Mo. R.F.D #2

17. (a) Burial (b) Date thereof SEPT. 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Walter Lewis & Son
(b) Address Shelby City Mo.

19. (a) Sept 11 43 (b) Walter Lewis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 10, year 1943, hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Sept 10, 1943 that I last saw him alive on Sept 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 mo

Due to arteriosclerosis 5 yrs

Due to chronic nephritis 5 yrs

Other conditions (include pregnancy within 3 months of death) 131 f

Major findings: Of operations none performed Of autopsy none performed
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) Means of injury _____

23. Signature M.C. Medearis (M. D. or other) MO

Address Rockhill, Mo. Date signed 9/11/43

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

18000

1237

AUG 19 1945

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

9-43-987

10-6-43

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Marion M. Lewis
3084
Schell City, 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.