

Registration District No. **15**

Primary Registration District No. **5069**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar Twp (Rural)**
(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**
In this community **17 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Lamar R.F.D**
(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 **EVA. M. BRIGHT**

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 **Len. H. Bright**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Feb 21st, 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **8**
If less than one day hr. min.

9. Birthplace **Mound Valley, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business:

12. Name **Henry Barnes**
13. Birthplace **Indianapolis, Ind**
(City, town, or county) (State or foreign country)
14. Maiden name **Adella Hill**
15. Birthplace **Rich Hill, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Len. H. Bright**
(b) Address **Lamar, MO.**

17. (a) **Burial** (b) Date thereof **10-31-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **River Funeral Home**
(b) Address **Lamar, MO.**

19. (a) **10-30-43** (b) **Mertles River**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29th**
year **1943** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 19**, 19**43**, to **October 29**, 19**43**.

that I last saw her alive on **October 19**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver & Biliary Passages**

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death) **H68**

Major findings: Of operations:

Of autopsy:

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 **2**

23. Signature **M. Duncanson D. O.** (M. D. or other)
Address **Lamar, Missouri** Date signed **11/30/43**

Duration
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1143-1258

Date Filed NOV 30 1943

SEP 10 1945

JUL 17 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

Albert J. Mann

Licensed Embalmer No.

3816

P. O. Address

Lamar 276

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.