

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Rural, Red Oak Township  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community her life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
 (c) City or town Lockwood, Mo. rural  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th  
 year 1943 hour 7:00 ocl<sup>a</sup> minute \_\_\_\_\_ a.m.  
 21. I hereby certify that I attended the deceased from 11-3- 1943 to 11-3- 1943  
 that I last saw her alive on Nov. 3, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia Duration \_\_\_\_\_

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

Other conditions Dietetic Coma  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 61  
 Of autopsy \_\_\_\_\_

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 P. D. Combs (M. D. or other) \_\_\_\_\_  
 Address Lockwood Mo Date signed 11-5-43

3. (a) PRINT FULL NAME Myrtie Elizabeth Stump

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 11, 1930  
 (Month) (Day) (Year)

8. AGE: 13 Years 3 Months 24 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School girl

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

12. Name Christopher Stump

13. Birthplace Bolk County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Fay Huttel

15. Birthplace Dade County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fay Stump.

(b) Address Lockwood, Mo.

17. (a) Burial (b) Date thereof Nov. 6th, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudenville, Mo.

18. (a) Signature of funeral director Ray Caldwell

(b) Address Lockwood, Mo.

19. (a) Nov 10 (b) Anna Whaley  
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 1143-1238

Date Filed NOV 30 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

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3380

P. O. Address Lockwood, 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.