

FILED DEC 18 1943

Registration District No. **469 176**

Primary Registration District No. **5630 3634**

Registrar's No. **54**

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10
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town **Miller** **N.T.O.**

(c) Name of hospital or institution: **Lincoln Jun**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **Native** _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**

(c) City or town **Miller** **R.A.**

(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 **Loren Emory Likes**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **20**

year **1943** hour **5** minute **40** P. M.

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louella Likes**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **3 - 2 - 1885**

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1 1943** to **10-20-1943**

that I last saw him alive on **10-20-1943** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
58	7	18	_____ hr. _____ min.

Immediate cause of death **Carcinoma of face and eye**

Due to _____

9. Birthplace **Lawrence Co. Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) **53**

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name **Sgtm Likes**

13. Birthplace **Unknown**

(City, town, or county) (State or foreign country)

14. Maiden name **Rueck**

15. Birthplace **Unknown**

(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Louella Likes**

(b) Address **Miller Mo.**

17. (a) **Burnside** (b) Date thereof **10-24-43**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Scymore**

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? _____

18. (a) Signature of funeral director **Monroe Lemmon**

(b) Address **Miller Mo.**

19. (a) **12-1-43** (b) **Quail Hursey**

(Date received local registrar) (Registrar's signature)

23. Signature **W. P. Bunney** (M. D. or other)

Address **Miller** Date signed **10-22-43**

RECEIVED

District Health Officer No. 6

District File Number 1243-1379

Date Filed DEC 13 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 *S. R. Seiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.