

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 7 1944

Registration District No.

Primary Registration District No. 3002

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Andrain
 (b) City or town Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 620 E Greely
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 1 & institution 1
(Specify whether years, months or days)
 In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 620 E Greely
(If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country

3. (a) PRINT FULL NAME Robert Louis Lue

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased October 9 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>7</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace Mexico, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Omer Lue 0

{ 13. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Handerson 0

{ 15. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Lue

(b) Address 620 E Greely Mexico Mo

17. (a) Burial (b) Date thereof 1 18 44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. J. Gator

(b) Address 161 N Western Nether

19. (a) Jan 17-1944 (b) Margaret H Macke
(Day received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
 year 1944 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from 1-15 to 1-16 1944

that I last saw him alive on 1-16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 1 wk
whooping cough

Due to whooping cough

Due to

Other conditions 9
(Include pregnancy within 3 months of death)

Major findings: Of operations

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?
(Specify type of place) (e) Means of injury

Signature W. J. Gator (M. D. or other) 0

Address Mexico, Mo. Date signed 1-18-44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-250

Date Filed FEB 3 1944

STATEMENT BY LICENSED EMBALMER

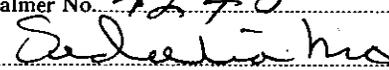
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4240

P. O. Address.....



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.