

Registration District No. 353

Primary Registration District No. 5655

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lancaster
(b) City or town Mount Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 168 days
(Specify whether
In this community 168 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lydia TARTER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased March 16 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 29 hr. min.

9. Birthplace unknown Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business _____

12. Name John T. Burken

13. Birthplace unknown Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mary J. Smith

15. Birthplace unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Rec'd Clerk

(b) Address Mo. State San., Mount Vernon

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

(c) Place: burial or cremation Mount Grove Cem.

18. (a) Signature of funeral director Reg. C. Carson

(b) Address Independence, Mo.

19. (a) 1-17-44 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 31, 1943 to Jan. 14, 1944
that I last saw her alive on Jan. 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis Duration about 2 yrs.

Due to pulmonary hemorrhage
(Sudden massive)
Due to _____

Other conditions tuberc. gaiter
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 12 fl

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 plure) While at work? (e) Means of injury _____

23. Signature O A Brasher (M. D. or other) M.D.
Address Mount Vernon, Mo. Date signed 1/14/44

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

RECEIVED

District Health Officer No. 6,

District File Number 144-22

Date Filed JAN 24 1944

JAN 26 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 H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mr. Vernon, 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.