V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. 167

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5619

State File No. 18433

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rural Twp. Jeddo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community Six Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 59

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Jeddo Twp. Knox County
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lottie Emma Preston

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 Married

6. (b) Name of husband or wife Albert W. Preston

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 31st (Day), 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	18	hr. min.

9. Birthplace Knox County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeping at Home

11. Industry or business

FATHER
12. Name James B. Thompson
13. Birthplace Lewis County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Layton
15. Birthplace Racine (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Albert W. Preston
(b) Address LaBelle, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 20- 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Elm Grove Cem. LaBelle,

18. (a) Signature of funeral director Norman D. Roder
(b) Address LaBelle, Missouri

19. (a) 4-21-44 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1944 hour 6 13 minute P M.

21. I hereby certify that I attended the deceased from Oct 1, 1943, to April 18, 1944 that I last saw her alive on April 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations L. Breast removed Oct 1944 Diagnosis Carcinoma
Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature Rial McReynolds (M. D. ~~or other~~)

Address Knox City Mo Date signed 4/21/44

1142

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1944

RECEIVED
District Health Officer No. 10
District File Number 5-31-~~1025~~ 1121
Date Filed MAY 31 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 Norman D. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

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.