

FILED JUN 6 1945

Registration District No. 5

Primary Registration District No. 4479

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Queen City Mo
(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 _____ (Specify whether)
In this community at Home years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LENA LEOTA PIPER

3. (b) If veteran, not Veteran name war _____
3. (c) Social Security No. old age

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Harvey 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased: Oct 22 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 18 If less than one day _____ hr. 40 min.

9. Birthplace Queen City Schuyler Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elcano Brasfield

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Angie Ann Brasfield

15. Birthplace Blountsville Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant M. D. Piper Sr.

(b) Address Queen City Mo

17. (a) Burial (b) Date thereof May 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director M. M. Orsted

(b) Address Queen City Mo

19. (a) May 2 1944 (b) C. Justice
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 44 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Apr 1 1944 to May 11 1944
that I last saw him alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Flu Duration 10 days
21.1

Other conditions _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. P. Lynn (M. D. or other) DO
Address Queen City Mo. Date signed May 12

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-44-1092

Date Filed JUN 5 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

Wm H West

Licensed Embalmer No.

2882

P. O. Address

Quincy 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.