

FILED SEP 12 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 3008

14  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital no. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr 16 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe

(c) City or town Perry Rural  
(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 Lydia Tawney

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Aug 1 1944 to Aug 17 1944  
that I last saw her alive on Aug 16 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Ward Tawney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb 24 1882  
(Month) (Day) (Year)

Immediate cause of death Suicide  
Hang herself with sheet

Duration \_\_\_\_\_

8. AGE: Years 62 Months 5 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Involuntary melancholia

Due to \_\_\_\_\_

9. Birthplace Monroe County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Viewed by coroner  
Of autopsy none

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Bell

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

14. Maiden name Antonia Bond

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug 17 44

(c) Where did injury occur? Fulton Callaway Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Hospital no 1

16. (a) Informant Earl Tawney  
(b) Address Perry Mo

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

(c) Place: burial or cremation State Hospital no 1

18. (a) Signature of funeral director Walter Funeral Home  
(b) Address Fulton Mo

19. (a) 8-17-1944 (b) Joan Morrison Hoff  
(Date received local registrar's certificate) (Registrar's signature)

23. Signature Forrest Thomas (M. D. or other)  
Address Fulton Mo Date signed 7/17

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed : 9-9-44.....

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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. 2724.....

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.