

S. No. 2
M-8-43
5-17-39
-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37641**

FILED NOV 20 1944

Registration District No. **707**

Primary Registration District No. **5-5414**

Registrar's No. **70**

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

34
0
0

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Ava Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community most of 77 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Douglas **34**
 (c) City or town Ava Rural **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 3, **0**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Willis M. Lethco
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 12
 year 1944 hour 7: minute _____ A. M.
 21. I hereby certify that I attended the deceased from July 11
only 1944 _____ 19 _____
 that I last saw him alive on July 11 _____ 19 44
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Alice B. Lethco
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 9, 1867
(Month) (Day) (Year)

Immediate cause of death Mitral Stenosis
 Duration _____

8. AGE: Years 77 Months 6 Days 3
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name Joseph Lethco
 13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Tisha Foster
 15. Birthplace Unknown **9**
(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) _____
 (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? _____ (a) Means of injury _____

16. (a) Informant Mrs A. C. Jenkins
 (b) Address Route, Ava, Missouri
 17. (a) Burial (b) Date thereof 7-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Goodhope

23. Signature J. L. Jenkins **0** (M. D. or other) _____
 Address Ava Date signed 7-17-44

18. (a) Signature of funeral director Clinkingbeard Funeral Home
 (b) Address Ava, Missouri
 19. (a) 9-1-1944 (b) Lula Spaulock
(Date received local registrar) (Registrar's signature)

1056 (Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 1144-1175
Date Filed NOV 17 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

W. B. Hutchinson

Licensed Embalmer No.

3431

P. O. Address

Ada Md

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.