

FILED DEC 3 1944
Registration District No. 300

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Monroe
 (b) City or town West Washington Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #3 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days (Specify whether
 In this community 21 days years, months or days)

3. (a) PRINT FULL NAME LOLA MAE MILES
 3. (b) If veteran, name war WW
 3. (c) Social Security No. _____

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

7. Birth date of deceased: June 16 1894
 (Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 26
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife
 11. Industry or business Housewife

MOTHER FATHER
 12. Name David Ramsey
 13. Birthplace Scotland
 (City, town or county) (State or foreign country)
 14. Maiden name Victoria Chismuth
 15. Birthplace Taney Co Mo
 (City, town or county) (State or foreign country)

16. (a) Informant Mrs Lillie Lagle
 (b) Address Webb City Mo

17. (a) Removal (b) Date thereof 11-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Webb City Mo

18. (a) Signature of funeral director Hedger & Curtis
 (b) Address Webb City Mo

19. (a) 11-12-44 (b) Hugh B. Beurch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 107
 (c) City or town Webb City
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
 year 1944 hour 6 minute 45 M.
 21. I hereby certify that I attended the deceased from 10-21 1944 to 11-12 1944
 that I last saw her alive on Nov 12 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis ?
Chronic
 Due to _____
 Due to ✓
 Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: no operation
 Of operations _____
 Of autopsy usual

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)
 (2) Means of injury _____
 23. Signature A. G. Hall (M.D. or other)
 Address Webb City Mo Date signed 11-12-44

1331

RECEIVED

Client

Order No. 7,

11-44-1287

Date Filed

12-5-44

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.....

Richard Gray Lewis

Registered Apprentice No. *265*

working under my personal supervision.

Signed

CW Hedge

Licensed Embalmer No.

2859

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.