

No. 2
M-2-43
5-17-39
-1 X23697

DEPARTMENT OF THE CENSUS
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. **41882**

FILED DEC 16 1944
Registration District No. **1148**

Primary Registration District No. **5948**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
County Home for aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 820 Jackson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Francis Lattin

3. (b) If veteran, name war No

3. (c) Social Security No. 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1944 hour 1:30 minute P.M.

4. Sex Female **5. Color or race** Col.

6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1, 1944 to Nov 8, 1944
that I last saw him alive on Nov 8, 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>About 80</u>	<u>-</u>	<u>-</u>	hr. _____ min. _____

Immediate cause of death Pneumonia Lobae **Duration** 3 days

9. Birthplace Unknown (City, town, or county) _____ (State or foreign country) U

Due to _____

Due to _____

10. Usual occupation House wife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
Of operations _____

MOTHER FATHER

12. Name Jess Miller

13. Birthplace Unknown (City, town, or county) _____ (State or foreign country) U

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Anderson

15. Birthplace Unknown (City, town, or county) _____ (State or foreign country) U

16. (a) Informant Jess Miller

(b) Address Lauriana, Mo.

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

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

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof Nov. 13, 1944
(Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Lauriana Mo.

While at work? _____ (Specify type of place) (c) Means of injury W.K.O.

18. (a) Signature of funeral director Harner Stennel

(b) Address Lauriana, Mo.

23. Signature M. Mathews (M. D. or other) W.K.O.

19. (a) Date received by registrar Dec 2-44 (b) Wm Frank Gordon (Registrar's signature)

Address Cowley Green Date signed 11/10/44

1148 (Licensed Embalmer's Statement on Reverse Side)

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

2000

RECEIVED
District Health Officer No. 10
District File Number 12-4-1993
Date Filed DEC-14-1944

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.