

13  
16  
0

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

**FILED JUN 14 1945**  
Registration District No. **46**

Primary Registration District No. **5149**

Registrar's No. **36**

**1. PLACE OF DEATH:**  
 (a) County **Caldwell**  
 (b) City or town **Rural (Sevier)**  
(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 years, months or days) **2 yrs**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Caldwell**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1 Mi East of Nettleton Mo.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **Hugh Lee Lake**  
 3. (b) If veteran, name war **✓**  
 3. (c) Social Security No. **✓**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **4** day **1**  
 year **1945** hour..... minute..... M.  
 21. I hereby certify that I attended the deceased from **March 23**  
 19**45** to **April 1** 19**45**  
 that I last saw him alive on **April 1** 19**45**  
 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 **Married**  
 6. (b) Name of husband or wife **Mattilda Lake**  
 6. (c) Age of husband or wife if alive **57** years  
 7. Birth date of deceased **3 16 1877**  
(Month) (Day) (Year)

Immediate cause of death.....  
 Due to **Coronary Thrombosis** **one year**  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations.....  
 Of autopsy.....

**8. AGE:**  
 Years **68** Months **0** Days **15**  
 If less than one day..... hr..... min.

9. Birthplace **Ray Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **Tamara A Ford Lake**  
 13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Mary Tom Buckley**  
 15. Birthplace **Caldwell Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mattilda Lake**  
 (b) Address **Nettleton Mo.**

17. (a) **Burial** (b) Date thereof **4-4-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Richmond Mo.**

18. (a) Signature of funeral director **Edwin J. ...**  
 (b) Address **Hamilton Mo.**

19. (a) **4-4** (b) **Correva Barrett**  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury **2**  
 23. Signature **Leroy S. Elster** (M. D. or other) **Do.**  
 Address **Hamilton Mo.** Date signed **April 6, 1945**

MOTHER, FATHER

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

115-1

RECEIVED  
District Health Officer No. 11,  
District File Number.....  
Date Filed.....

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Marie B. Bunn

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.**