

FILED SEP 13 1945

Registration District No. 374

Primary Registration District No. 6275

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural - Smith Township
(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
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lula Elma Monday

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Andrew

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased

Sept (Month)

11 (Day), 1884 (Year)

8. AGE:

Years

Months

Days

If less than one day

60

11

20

hr.

min.

9. Birthplace

Alleppole (City, town, or county)

Mo. (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

W. F. Roach

13. Birthplace

Alleppole (City, town, or county)

Mo. (State or foreign country)

14. Maiden name

Mary

15. Birthplace

Harrison Co. (City, town, or county)

Mo. (State or foreign country)

16. (a) Informant

Andrew Monday

(b) Address

Alleppole Mo.

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

9-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation

Hick Cemetery

18. (a) Signature of funeral director

J. C. Dunlap

(b) Address

Frank City, Mo.

19. (a)

Sept. 4 1945 (Date received local registrar)

Mayne Ruckhart (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Alleppole (If rural, give location)
(e) Citizen of foreign country? yes no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1945 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Aug 6 1945 to Aug 30 1945 that I last saw him alive on Aug 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs and stomach Duration 3 Mo.

Due to Carcinoma of Breast 2yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature O. R. L. Linton (M. D. or other)
Address Redding Iowa Date signed 9/1-45

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. _____

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.