

FILED OCT 15 1945

Registration District No. 185

Primary Registration District No. 4300

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Laclede
(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 70 years
years, months or days)

3. (a) PRINT FULL NAME HETTIE LEE LOMAX

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry C. Lomax 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased June 11 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Thomas R. Watson

13. Birthplace Glasgow Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza J. Parks

15. Birthplace Keokuk Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. T. Warren
(b) Address Meadorville, Mo.

17. (a) Burial (b) Date thereof 9-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo. Cem

18. (c) Signature of funeral director Mrs. Tharpe

(b) Address Laclede, Linn Co., Mo.

19. (a) 9-19-45 (b) Mrs. Vivian Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Laclede 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1945 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 1940, to Sept. 15, 1945;
that I last saw h. ER alive on Sept. 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
Acute myocarditis Duration 3 days

Due to chronic interstitial nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 13/16

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) (e) Means of injury _____

23. Signature Daniel R. Linn (M. D. or other) _____
Address Laclede, Mo. Date signed 9-19-45

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

MOTHER FATHER

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

W. G. Sherrin

Registered Apprentice No. _____

working under my personal supervision.

Signed W. G. Sherrin

Licensed Embalmer No. 2876

P. O. Address Lacey, Me.

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.