

FILED JAN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 40684

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 377

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1025 Fairmont /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1025 Fairmont 3
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Jane Lacewell

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

7. Birth date of deceased September 24 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 _____ hr. _____ min.

9. Birthplace Mayfield Ky. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Don't Know 9

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

14. Maiden name Don't Know 9

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

16. (a) Informant Mrs W.S. Spence

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 12/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cemetery

18. (e) Signature of funeral director Watkins Funeral Service

(b) Address Dexter, Mo.

19. (a) 1-5-46 (b) RT Muntz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-24 day 45
year 1945 hour 2:30 minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945 to Dec 24, 1945,
that I last saw her alive on Dec 23, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Cardiac Failure 1 da
Due to Chronic Heart Disease 1 yr.

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

Major findings:
Of operations ASU
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, or farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Poplar Bluff Mo Date signed 1/28/46

1422

RECEIVED

District Health Office No. 2

District No. Number 146-79

Date Filed 1-10-47

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.....

Not embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed *Ryman Steele*.....

Licensed Embalmer No. *2476*.....

P. O. Address *Hexter 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.