

FILED APR 6 1946

Registration District No. 241

Primary Registration District No. 2075

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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 50 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lucy White

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 March 12th 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name (Unknown) Kieth

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Cora Dejournett

(b) Address Essex, Mo.

17. (a) Burial (b) Date thereof Mar. 24, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex Cemetery

18. (a) Signature of funeral director Watkins Fun. Service

(b) Address Dexter Mo.

19. (a) 3/26-46 (b) Margaret Pruitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 103
(c) City or town Dexter Essex 8
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1946 hour 8 minute 15 PM.

21. I hereby certify that I attended the deceased from March 20, 1946
to March 22, 1946
that I last saw her alive on March 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration 3 hours

Due to arteriosclerosis 20 years

Due to _____

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

Major findings: Of operations 940
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) (e) Means of injury 2

23. Signature W. H. A. Pitt (M. D. or other) 190

Address Dexter, Mo. Date signed 3/27/46

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

100-11

367

RECEIVED
District Health Office No. 2,
District File Number 446-463
Date Filed 4-4-46

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..... *Raymond Steele*

Licensed Embalmer No..... 2476

P. O. Address..... *Dexter 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.