

STANDARD CERTIFICATE OF DEATH

16147

FILED JUN 5 1946

State File No.

Registration District No.

Primary Registration District No. 5334

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lockwood B.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 Months (Specify whether years, months or days)

In this community 10 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence ⁵⁵

(c) City or town La Russell Mo. ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 1 ⁰
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Card Ann West

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 1946 hour 5 minute 15 P.M.

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 1-17-1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-5- 1946 to 5-5- 1946
that I last saw — alive on 5-5- 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>19</u>	hr. min.

Immediate cause of death Arterio Sclerosis

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Virginia ¹
(City, town, or county) (State or foreign country)

10. Usual occupation Home

PHYSICIAN

Major findings: Of operations.

Of autopsy 97

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.

12. Name John Dicks

13. Birthplace Virginia ¹
(City, town, or county) (State or foreign country)

14. Maiden name Martine Bough

15. Birthplace Virginia ¹
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dee West

(b) Address La Russell Mo.

17. (a) Burial (b) Date thereof 5-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak

18. (a) Signature of funeral director Morris Deiman

(b) Address Millers Mo.

19. (a) 5-15-46 (b) Red West
(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) (e) Means of injury

23. Signature J. D. Combs (M. D. or other) ⁰
Address La Russell Mo. Date signed 5-2-46

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

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 L. R. Leiman
Licensed Embalmer No. 3297
P. O. Address Miller 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.