. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23469

Registration District No. 14 49 1948 Primary Registration District No. 5563 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10 miles S.E. of Arcadia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 10 miles S.E. of Arcadia
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth D. Lashley

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

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

6. (b) Name of husband or wife Jesse Lashley

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 28 (Month) 1860 (Day) (Year)

8. AGE: Years 85 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Mine Lamotte (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Frank Williams
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Berry
15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Lashley
(b) Address Arcadia Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. J. White Ironton Missouri

19. (a) 7-25-46 (Date received local registrar) (b) Mrs Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 16, 1943, to July 20, 1946, that I last saw her alive on June 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterial sclerosis, general	10 yrs.
Due to	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Ben M. Bull (M. D. or other) M.D.

Address Ironton Mo. Date signed 7-22-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 14

District File Number 846-2434

Date Filed 8-8-46

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Trenton, Inc.

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.