

STANDARD CERTIFICATE OF DEATH

State File No. 25940

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(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 _____

3. (a) PRINT FULL NAME Dorothea Elaine Lavander

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced U

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

7. Birth date of deceased 6 20 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation # ty.

11. Industry or business _____

MOTHER FATHER
12. Name Elbert Lavander
13. Birthplace East Prairie Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Spiva Hodges
15. Birthplace Kewanee Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elbert Lavander
(b) Address Sikeston, Mo. R. #2

17. (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.
(a) Signature of funeral director H.W. Albritton
(b) Address Sikeston, Mo.

19. (a) 8-5-46 (b) Mr. J.F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22
year 1946 hour 9 minute 15 PM.

21. I hereby certify that I attended the deceased from 20 June 46
1946, to 22 June 1946

that I last saw her alive on 22 June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 7 mo.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 U

23. Signature H.S. Throgmorton (M. D. or other)
Address Sikeston, Mo Date signed 3 Aug 46

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RECEIVED

District Health Office No. 21

District File Number 846-954

Date Filed 8-7-46

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.....

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

Signed John Allerton

Licensed Embalmer No. 7941

P. O. Address Sebaston Ave

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.