

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34007
Registrar's No. 64

FILED NOV 7 1948
Registration District No. 174

Primary Registration District No. 3035

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution South Eighth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No. South 8th Street 2
(If rural, give location) 0
(e) Citizen of foreign country? 7e (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lizzie Olden
3. (b) If veteran, name war x
3. (c) Social Security No. x

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 23rd
year 1946 hour 12 minute 54 P. M.
21. I hereby certify that I attended the deceased from Aug
1946 to Oct 23rd 1946

4. Female 5. Color Negro 6. (a) Single, widowed, married, Widow
6. (b) Name of husband or wife x 6. (c) Age of husband or wife if x
alive _____ years
7. Birth date of deceased: May 15, 1862
(Month) (Day) (Year)

that I last saw her alive on Oct 2 and that death occurred on the date and hour stated above. 1946
Immediate cause of death Chronic myocarditis Duration 46

8. AGE: Years 84 Months 5 Days 8 If less than one day
hr. _____ min. _____

Due to Arterial sclerosis & gastric
Died to _____

9. Birthplace Dover, Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housekeeper

Major findings:
Of operations _____
Of autopsy 97

11. Industry or business Housekeeping

12. Name Robert Davis

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

14. Maiden name Mary Davis

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

16. (a) Informant Mrs. Birdie Davis

(b) Address Ferry Street Mo

17. (a) Burial (b) Date thereof 10-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Grubbs & Sons

(b) Address Lexington Mo

19. (a) 10-23-46 (b) Mrs. E. Embert
(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) (c) Means of injury _____
23. Signature Ben H. Brasher (M. D. or other) T
Address Lexington Mo Date signed 10/25/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. _____

District File Number

Date Filed 11-2-48

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 George H Green

Licensed Embalmer No. 4220

P. O. Address Lexington 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.