

No. 2
12-45
-17-39

DEPARTMENT OF COMMERCE
OFFICE OF THE REGISTRAR
FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

King
3727

State File No.

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution:
805 W. Sycamore St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 805 W. Sycamore
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17th
year 47 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 19 45 to Jan 17 1947
that I last saw him alive on Jan 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease
Due to _____
Due to _____

Duration
2 yrs?

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Arterio-sclerosis
Major findings:
Of operations _____

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 0

23. Signature Ch King (M. D. or other)
Address Nevada, Mo Date signed 1-20-47

3. (a) PRINT FULL NAME Herschel Washburn Lancaster

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma S. Lancaster 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Mar. 18th, 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business _____

12. Name James Lancaster

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

14. Maiden name Florence Washburn

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

16. (a) Informant Jack Wood

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-47
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Mark Eichinger

(b) Address Nevada, Mo.

19. (a) 1-28-47 (Date received local registrar) (b) Wathrup Hancock (Registrar's Signature)

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

MOTHER FATHER

Case
18-41-1

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 *Mark Eccles*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, 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.