

FILED MAR 25 1947
Registration District No. 292

Primary Registration District No. 5999

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ralls.

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

(c) Name of hospital or institution:
6 Mi. S.E. Of Center, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Yrs. years, months or days)

3. (a) PRINT FULL NAME Viola Lahman

3. (b) If veteran, name war _____

3. (c) Social Security No. None.

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

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

7. Birth date of deceased. April 5, 1865.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>11</u>	hr. _____ min.

9. Birthplace Indianapolis, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework Home.

11. Industry or business _____

12. Name John Prentice.

13. Birthplace Davis Co, Indiana.
(City, town, or county) (State or foreign country)

14. Maiden name Viola Milburn.

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

16. (a) Informant Frank Waldmeier.

(b) Address Perry, Missouri.

17. (a) Removal (b) Date thereof. 2-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winona, Kansas.

18. (a) Signature of funeral director Clyde Wilkey

(b) Address Perry, Mo.

19. (a) 2/18/47 (b) Clyde Wilkey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.

(c) City or town Center, Missouri R.E.D.
(If outside city or town limits, write "RURAL")

(d) Street No. Center Township.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1947 hour 6:00 minute P.

21. I hereby certify that I attended the deceased from Feb 2 1947 to Feb 16 1947 that I last saw he alive on Feb. 2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration unknown

Due to arteriosclerosis unknown

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? _____ (c) Means of injury _____

23. Signature John Waldmeier (M. D. _____)
Address Perry Date signed 2-17-47

RECEIVED
District Health Officer No. 10
District File Number 2-47-56
Filed MAR 24 1947
Date

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

John F. Ellis
working under my personal supervision.

Registered Apprentice No. *494.*

Signed *Clyde Wiley*
Licensed Embalmer No. *3820*
P.O. Address *Perryman*

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.