

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12222

Registration District No. 257

Primary Registration District No. 6223

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Margaret Ellen Lackey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 28 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>19</u>	hr. min.

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

10. Usual occupation Nurse

11. Industry or business

12. Name Thomas Livingston 9

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

14. Maiden name Frances Crain 7

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

16. (a) Informant William Lackey

(b) Address Rt 1 El Dorado Springs, Mo

17. (a) Burial (b) Date thereof 3-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union City Cemetery

18. (a) Signature of funeral director Thelma Carothers

(b) Address El Dorado Springs, Mo

19. (a) Mar 11, 1947 (b) Mrs. Ruth St. Hill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Rural Union 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7
year 1947 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from Mar 7 1947 to Mar 7 1947
that I last saw her alive on Mar 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. Underworth (M. D. or other) 20

Address El Dorado Springs Date signed 3-8-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
2-47-267
District File # 3-18-47
Date filed

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 *W. D. Lewis*
Licensed Embalmer No. 2034
P. O. Address *Edwards Camp, Va*

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.