

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

FILED MAR 21 1947

Registration District No. 360

Primary Registration District No. 6224

State File No. _____

Registrar's No. 420

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Keefield
(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 _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vermon 108

(c) City or town Keefield, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. N. 1st St. Keefield, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lutie Bell Weber

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 47 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 9 Sept 47
8 Mar 47
that I last saw er alive on 8 Mar 1947
and that death occurred on the date and hour stated above.

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 Oct 15th, 1872
(Month) (Day) (Year)

Immediate cause of death Pneumonia
Bronchial Bilateral
acute

Due to Bacteriology not done

Due to _____

Duration
2 Days

8. AGE: Years Months Days If less than one day

74 4 21 hr. min.

Other conditions Myocarditis Chronic 6 mo
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Ind. - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business House wife

12. Name A. D. Scibbler

13. Birthplace Unknown Ind. - 1
(City, town, or county) (State or foreign country)

14. Maiden name Maggie McEnto

15. Birthplace Unknown Ind. - 1
(City, town, or county) (State or foreign country)

16. (a) Informant Est Miller

(b) Address Keefield, Mo

17. (a) Burial (b) Date thereof 3-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keefield, Mo

18. (a) Signature of funeral director Edgington Funeral Home

(b) Address Keefield, Mo

19. (a) 3-11-47 (b) Est Miller
(Date received local registrar) (Signature)

Major findings: none 937

Of operations _____

Of autopsy none

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)

(c) Means of injury _____

23. Signature [Signature] (M: D. or other)

Address Keefield, Mo Date signed 10 Mar 47

