

Registration District No. **251**

Primary Registration District No. **3048**

1. PLACE OF DEATH:  
 (a) County **Nodaway**  
 (b) City or town **Maryville, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Francis Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
 In this community **14 Years**  
 years, months or days

3. (a) PRINT **LOLA E. LOUTHAN**  
 FULL NAME  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
 (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Lon Louthan**  
 6. (c) Age of husband or wife if alive **55** years  
 7. Birth date of deceased **October 26, 1893**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**53 7 7** hr. - - - min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

MOTHER, FATHER { 12. Name **Alfred Alexander**  
 13. Birthplace **Howard Co. Missouri**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Louisa Phillips**  
 15. Birthplace **Linn County, Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lon Louthan**  
 (b) Address **Maryville, Mo.**

17. (a) **Burial** (b) Date thereof **6/5/47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Pose Funeral Home**  
 (b) Address **120 E. 1st, Maryville, Mo.**

19. (a) **6-7-47** (b) **Basalt 229**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Nodaway**  
 (c) City or town **Maryville**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **502 1/2 East 1st**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **3rd**  
 year **1947** hour **7** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **May 12** 19**47** to **June 3** 19**47**  
 that I last saw her alive on **June 3** 19**47**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Cancer of sigmoid colon** Duration \_\_\_\_\_

**Cancer of sigmoid colon not known**  
 Due to \_\_\_\_\_

Due to **46**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Cancer of sigmoid colon**  
**symptomatic obstruction**  
 Of autopsy **0**

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 **0**

23. Signature **J. A. Blawie** (M. D. or other)  
 Address **Maryville** Date signed **6/6/47**

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

**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.....

*J. L. Lee*

Licensed Embalmer No. *2839*

P. O. Address *Marionville 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.**