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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26486**

FILED AUG 14 1947

Registration District No. **37**

Primary Registration District No. **6152a**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County Stoddard Liberty
 (b) City or town Dudley Route 2
 (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

3. (a) PRINT FULL NAME LURA ORLEY METZ

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

4. Sex Female **5. Color or** white **6. (a) Single, widowed, married,** divorced **6. (b) Name of husband or wife** J. E. Metz **6. (c) Age of husband or wife if** 52 years
 Birth date of deceased Sept 7 1897
 (Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace 6 east Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm Carter Basson
13. Birthplace Ill
 (City, town, or county) (State or foreign country)
14. Maiden name Beatrice Betty Basson
15. Birthplace Scott Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant J E Metz
 (b) Address Dudley, Mo. Route 2
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) (Specify type of place)
 (c) Place: burial or cremation Asph Hill Cem

18. (a) Signature of funeral director Watkins
 (b) Address Dexter Mo
19. (a) 8/4-47 (b) Margaret Pruitt
 (Date received local registrar) (Registrar's signature) 21 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
 (c) City or town Dudley, Route 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1947 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Investigation shows Acute Indigestion

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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 As by one (M-D or other) Cor.
 Address Dexter, Mo. Date signed 7-28-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 847-108

Date Filed 8-12-4

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 *Lynnan Steele*

Licensed Embalmer No. 2476

P. O. Address *Dexter 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.