

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 23

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(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 18 years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Portageville
(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 _____

3. (a) PRINT FULL NAME Lucy Belle Lester

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 married

6. (b) Name of husband or wife Shelby Lester 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 26 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Labuh Johnston

13. Birthplace Mt. Crocker Co. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Camelline Daisy Johnston

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

16. (a) Informant Shelby Lester

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 8-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director De Libert Funeral Home

(b) Address Portageville, Mo.

19. (a) 8-15-47 (b) Ellen De Libert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1947 hour 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from August 2, 1947, to Aug 13, 1947, that I last saw her alive on August 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of lungs

Due to Adenocarcinoma of right breast

Due to _____

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

Duration 5 mos.

PHYSICIAN

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? _____

23. Signature John Killian (M. D. or other) _____
Address Portageville, Mo. Date signed 8-10-47

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

RECEIVED

District Health Office No. 2,

District File Number 847-115

Date Filed 8-28-47

JUL 28 1954

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Leonard J. Vargo

7491-21-8

Licensed Embalmer No.

43306

P. O. Address

Portsmouth 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.