

FILED NOV 21 1947

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 14
(c) City or town Russell Ville
(If outside city or town limits, write "RURAL")
(d) Street No. Wentham
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lula CARRENDER

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased April 14 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 20 hr. min.

9. Birthplace Cole County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeping

11. Industry or business _____

12. Name Charles Long

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

14. Maiden name Margaret E Huff

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

16. (a) Informant State Hospital Records

(b) Address Fulton, Mo

17. (a) Funeral (b) Date thereof 11-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 11-3-1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
year 1947 10 hour 0 minute A.M.

21. I hereby certify that I attended the deceased from 14 April 1947, to 3 Nov 1947 that I last saw her alive on 3 Nov 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to _____
Due to _____

Other conditions manic depressive psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 107

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 0
Signature G.S. Warwick (M. D. or other)
Address Fulton, Mo Date signed 3/11/47

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

2-4

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Date Filed NOV 19 1947

District File Number

District Health Officer No. 9,

RECEIVED

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 *E. Steppin*

Licensed Embalmer No. *2007*

P.O. Address *Russellville 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.