

No. 2
-2-43
5-17-39
X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42142

State File No. _____

FILED DEC 29 1947

Registration District No. 766

Primary Registration District No. 5603

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town "Rural" Grover
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution none
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA MAUDE LAZENBY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1947 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Dec 11 1947 to Dec 11 1947
that I last saw her alive on Dec 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion

Duration _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Lazenby

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 15 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER { 12. Name C. T. Tyler

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

14. Maiden name Mary Utterback

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

16. (a) Informant Arthur Lazenby

(b) Address Rural Knob Noster, Mo.

17. (a) Rural (b) Date thereof 12-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hocker Cemetery

18. (a) Signature of funeral director Saults, Baker

(b) Address Knob Noster, Missouri

19. (a) 12-14-47 (b) Ernest L. Beatty
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations g4A

Of autopsy _____

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 10

23. Signature R. W. Howard (D. or other) _____

Address Knob Noster, Mo Date signed Dec 13 1947

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

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.....

W. Raymond Baker

Registered Apprentice No. *#25*

working under my personal supervision.

Signed.....

C. L. Saulsb

Licensed Embalmer No. *1086*

P. O. Address *Rob Hoster 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.