No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43951

Registration District No. 341 — Primary Registration District No. 3075 — Registrar's No. 106

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo. (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KAREN LEE LASHLEY
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 infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 27 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Ladies [illegible] Claude
FATHER
12. Name [illegible] D. Lashley
13. Birthplace Crondale (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Nadine Gaines
15. Birthplace Dexter (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Hazel Gaines
(b) Address 711 E. S. Main, Dexter, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 12/19-1947 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1947 hour 1:00 minute A M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death accidental smothering	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 102
(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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Ct Crane, (~~M. D.~~ or other) Cor.
Address Dexter, Mo. Date signed 12-14-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1632
Date Filed 12-29-47

Body not embalmed

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 106

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

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

(d) Street No. E. S. Main St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Karen Lee Lashley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 27 (Day) 1947 (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Cloyd D. Lashley
13. Birthplace Grondale (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nadine Gaines
15. Birthplace Dexter (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Hazel Gaines

(b) Address 711 E. S. Main St. Dexter, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 15 (Day) 47 (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Mo.

19. (a) 12-17-47 (Date received local registrar) (b) Margaret Prewitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 24 year 1947 hour minute M.

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

Immediate cause of death Investigation shows accidental smothering

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 182 19

Of autopsy

Duration

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) accident

(b) Date of occurrence Dec. 14, 1947

(c) Where did injury occur? Dexter (City or town) Stoddard (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? no (e) Means of injury Smothering

23. Signature Ethel Crane (~~M.D. or other~~) Cor.

Address Dexter, Mo. Date signed 12-14-47

43951