

Registration District No. 198

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wallace Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
In this community 24 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10211 Niblic Drive  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT W. E. DETIMER  
FULL NAME

3. (b) If veteran, name war W. W. I  
3. (c) Social Security No. 515-09-8794

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Pluma Detimer  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Sept 15 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name unknown  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Detimer

(b) Address 10211 Niblic Drive, Overland

17. (a) removal (b) Date thereof 12/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Palmer

(b) Address Lebanon, Mo.

19. (a) Jan 10, 1948 (b) Dr. Frankberger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-21, 1947 to 12-23, 1947  
that I last saw him alive on 12-23, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus to brain  
Duration \_\_\_\_\_

Due to Internal Injuries  
Auto crash

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
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) accident 53

(b) Date of occurrence 12-21-47

(c) Where did injury occur? Laclede Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U. S. Highway #66

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury auto crash

23. Signature R. E. Harell (M. D. or other) MD

Address Lebanon, Mo Date signed 12-23

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

3  
2  
1

1/17/48  
1-48-227  
1/19/48

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.....

*P. L. Palmer*, Registered Apprentice No. *84*  
working under my personal supervision.

Signed *P. L. Palmer*

Licensed Embalmer No. *2208*

P. O. Address *Lebanon 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.