

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home, No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town Laplata 2
(outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie M. Fast

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

4. Sex F 1. Color or race W 6. (a) Single, widowed, married? Widowed
5. Divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 26 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 17 _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business at home

MOTHER FATHER { 12. Name James Cox !
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Holman
15. Birthplace Knox County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charley A. Fast
(b) Address Laplata, Mo.

17. (a) Burial (b) Date thereof 1-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Harmony

18. (a) Signature of funeral director D. S. Pharris
(b) Address Laplata, Mo.

19. (a) 1-15-48 (b) W. T. Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1948 hour Four (4) minute 55 P.M.
21. I hereby certify that I attended the deceased from November 11
1947 to Jan 13 1948
that I last saw her alive on Jan 13
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration 3 days
Due to pernicious anemia years _____

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

Major findings: 93A
Of operations _____
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?
(Specify type of place) _____

While at work? _____ (e) Means of injury _____
23. Signature M. T. Lutenocha (M.D. or other) DO
Address Triloville, Mo. Date signed 1-13-48

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

RECEIVED
District Health Officer No. 10
District File Number 14842
Date Filed JAN 19 1948

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 D. S. Hewitt
Licensed Embalmer No. 1109
P. O. Address La Plata Md.

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.