

FILED APR 28 1948

Registration District No. **289**

Primary Registration District No. **5761**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Rural  
(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 8 1/2 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Mayme Lasley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female  
5. Color or race White

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

6. (b) Name of husband or wife T.C. Lasley

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

7. Birth date of deceased: Nov 27th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 4 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Edward Mc Cabe

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Green

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Mc Cabe

(b) Address Fairground Hotel, St. Louis Mo.

17. (a) Burial (b) Date thereof April 12 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Palmyra Mo.

18. (a) Signature of funeral director E. J. Spauger

(b) Address Palmyra Mo.

19. (a) 4-14-48 (b) Osela Geer  
(Date received local registrar) (Registrator's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1948 hour about minute 5:30 P.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: By Drowning Self in Watering Trough on Farm

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 4-10-48  
(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 Corner

23. Signature James O'Donnell (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 4-14-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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,           
        , Registered Apprentice No.         ,  
working under my personal supervision.

Signed Eugene J. Sprague  
Licensed Embalmer No. 3245  
P. O. Address Palmyra 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.**