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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15567

State File No. .....

Registration District No. 43 Primary Registration District No. 4059 Registrar's No. 167

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Neelyville
(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 years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Neelyville
(If 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 Lula Lee

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race colored

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

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

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

7. Birth date of deceased January (Month) 1 (Day) 1885 (Year)

8. AGE: Years 63 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Cotton Plank (City, town, or county) Ark (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Fred Horton
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant F.F.Farr
(b) Address Neelyville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville Cemetary

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo.

19. (a) 5/16/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 10, 1948, to May 14, 1948, that I last saw her alive on May 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Stenosis

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy NPW

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) .....

(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 F F Farr (M. D. or other) .....

Address Neelyville Mo Date signed May 14 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-624
Date Filed 5-24-48

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 Carlos Taylor, Registered Apprentice No. 60, working under my personal supervision.

Signed Bryan McCord

Licensed Embalmer No. 40-74

P. O. Address Naylor Tex

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.