

S. No. 300
OM-10-47
Rev. 5-17-39
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18800

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 16 1948 43

Primary Registration District No. 2007

Registrar's No. 201

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPPIAR BLUFF MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
POPPIAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARTER

(c) City or town ELLIS NORE
(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 LOUISA Elizabeth Lester

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour _____ minute 1:00 P.

21. I hereby certify that I attended the deceased from May 23, 1948 to May 24, 1948
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

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

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

7. Birth date of deceased Feb. 23 1956
(Month) (Day) (Year)

Immediate cause of death Edema pneumonia

Duration _____

Due to _____

Due to _____

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

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

92	3	3	hr. min.
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9. Birthplace unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

12. Name ALFRED BOYER

13. Birthplace TENN.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant ORVILLE JAMES

(b) Address MILL SPRING MO

17. (a) BURIAL (b) Date thereof MAY 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARSON HILL CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 6/9/48 (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations _____

Of autopsy 108

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 11

23. Signature [Signature] (M. D. or other) _____

Address Poppiar Bluff MO Date signed 6-8-48

(Licensed Embalmer's Statement on Reverse Side)

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

12
7
6

RECEIVED

District Health Office No. 2,

District File Number 648-76

Date Filed 6-14-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, N.C.

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.