National Office of Vital Statistics
FILED JUL 16 1948

STANDARD CERTIFICATE OF DEATH

State File No. 22441

Registration District No. 52 — Primary Registration District No. 5181 — Registrar's No. 59

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Friedhime (Friedhime Applewhite Sen) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Friedhime, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 25 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No.: 319 South Pacific (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ...

3. (a) PRINT FULL NAME: Silas Lancaster

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

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

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Ida Woods

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June (Month) 24, (Day) 1875 (Year)

8. AGE: Years 73 | Months 0 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: Cross Roads, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: ...

FATHER
12. Name: John H. Lancaster
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Crump
15. Birthplace: Burfordville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jeff Thomas
(b) Address: Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crump Cemetery

18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Mo.

19. (a) 7-1-48 (Date received local registrar) (b) D. H. Lindsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 30th 1948 to June 26 1948; that I last saw him alive on June 26 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebrovascular accident	
Due to: Diabetes	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: R. D. Blaylock M.D. (M. D. or other)
Address: Oak Ridge, Mo. Date signed 7-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 748

Date Filed 7-13-

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 William Lee Towne

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.