

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1948

Registration District No. *22* Primary Registration District No. *5446 4174* Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3: (a) PRINT FULL NAME John Alvin 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 Lula H. Lancaster

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 15 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation Insurance & Lumber Man

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Lancaster

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

14. Maiden name Maudie Smith

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

16. (a) Informant Mrs. Lula H. Lancaster

(b) Address Cardwell, Missouri

17. (a) burial (b) Date thereof Sept. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silverdale

18. (a) Signature of funeral director. A. J. Emerson

(b) Address Paragould, Arkansas

19. (a) 9-25-48 (b) E. L. Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Cardwell
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14
year 1948 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to 9-14, 1948
that I last saw him alive on 9-14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cardiac failure

Due to Cardio-renal disease

Other conditions Chronic phlegm
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 13/16

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature W. H. Trenchard or other _____

Address Cardwell Mo Date signed 9-15-48

OCT 30 1948

RECEIVED

District Health Office No. 2,

Medical File Number 948-1212

Date Recd. 9-27-48

NOV 10 1953

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.....

Licensed Embalmer No.....

P. O. Address.....

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.