

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36270

State File No.

Registration District No. 197

Primary Registration District No. 3023

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-2-48 to 11-17-48
(Specify whether)
In this community years, months or days

3. (a) PRINTED FULL NAME RICHARD C. LEBOW

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Neillie Lebow
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 4 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 13
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Isaac Lebow
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Murphy
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Lebow
(b) Address Lowry City Missouri

17. (a) Burial (b) Date thereof 11/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City Mo.

18. (a) Signature of funeral director H. B. ...
(b) Address Osceola Missouri

19. (a) 11-19-48 (b) R. D. Renney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93
(c) City or town Lowry City
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1948 hour 6 minute 00 p.m.

21. I hereby certify that I attended the deceased from 11-2
1948, to 11-17, 1948

that I last saw him alive on 11-17-48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with hyperstatic labor
Due to pneumonia following surgery
Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Closure of stomach
Of operations
Of autopsy
Duration
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? (c) Means of injury

23. Signature ... (Seal of Registrar)
Address Clinton Mo. Date signed 11-18-48

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

RECEIVED

District Health Officer No. 7

District File Number 10-4-P-1334

Date Filed 11-22-48

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 *J. B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address *Osceola, 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.