No. 2
-1/47
-17-39

3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1948
Registration District No. 770

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Johnson 37212

State File No. 12-48-148
Registrar's No. 157

Primary Registration District No. 3033

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memoral Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Laclede 53
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Plato Star Rt. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dessdemonia Southard
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. R. Southard
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased ~~Ja~~ Aug (Month) 25 (Day) 1880 (Year)

8. AGE: Years 68 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Cedar county (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business At home
FATHER
12. Name James Brownlee
13. Birthplace Cedar County (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name Minnie Walton
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Mrs. P. L. Hamilton
(b) Address Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.
19. (a) 12-8-48 (Date received local registrar) (b) Trissie B. Lynly (Registrar's signature) 4 Ph

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1948 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from Oct 8, 1948
, 19..., to Dec 3, 1948;
that I last saw her alive on Dec 3, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of retroperitoneal lymph nodes — Duration 3 yrs
Due to Secondary to Carcinoma of
Due to uterus
Other conditions (Include pregnancy within 3 months of death) 4 80
Major findings: Of operations Carcinoma involving retroperitoneal lymph nodes and
Of autopsy left ilium

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 0
23. Signature Ferrell H Johnson (M. D. or other)
Address Lebanon Mo Date signed Dec 6, 1948

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

JAN 13 1949

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 Emmett E. Everett Marjorie Ruth Allen, Registered Apprentice No. 246 - 295, working under my personal supervision.

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.