

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1948

Registration District No. 42

Primary Registration District No. 4362

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Morehouse
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
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 Life years, months or days

3: (a) PRINT FULL NAME

Wela Lutes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Russell Lutes 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased August 7 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 3 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name George Davenport
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bora Davis
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Lutes

(b) Address Morehouse, Missouri

17. (a) Burial (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hiland Cemetery

18. (a) Signature of funeral director Landis Funeral Home

(b) Address Campbell, Missouri

19. (a) 12-13-48 (b) Thomas M. Sheeter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Morehouse
(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 27th
year 1948 hour _____ minute 1:30 A.M.

21. I hereby certify that I attended the deceased from 11-1
_____, 1947, to 11-27, 1948;
that I last saw her alive on 11-27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm of brain Duration 1 year

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations _____
Of autopsy _____
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) Means of injury Stroke

23. Signature J. M. Burns M.D. (M. D. or other)
Address Morehouse, Mo. Date signed 12-2-48

RECEIVED

District Health Office No. 2,

District File Number 1248-195

Date Filed 12-14-48

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.