

FILED MAY 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15484

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4198		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		c. LENGTH OF STAY (in this place) All life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Erskin		c. (Last) Lebow		4. DATE OF DEATH (Month) (Day) (Year) 4.25.1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7.28.1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS* OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Andrew Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James T.			13b. MOTHER'S MAIDEN NAME Mary Moore		14. NAME OF HUSBAND OR WIFE Cora M.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora M. Lebow King City Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Primary Carcinoma on right thoracic lymphatic system with metastasis to axillary & adjacent lymph structure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 8 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 19 1949 , to 4.25.1949 , that I last saw the deceased alive on 4/25 , 1949, and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) Dr. R. B. Taggart				23b. ADDRESS King City, Mo.		23c. DATE SIGNED 4.27.49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4.27.1949		24c. NAME OF CEMETERY OR CREMATORY King City		24d. LOCATION (City; town; or county) (State) King City Mo.	
DATE REC'D BY LOCAL REG. May 12-1949		REGISTRAR'S SIGNATURE Home 22 22 22 22		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Taggart		ADDRESS King City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed

R. G. Taggart

Signed.....

Student Embalmer

Licensed Embalmer No. 2563.....

P. O. Address King City 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.