

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewis Twsp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewis Twsp.</b>	
c. LENGTH OF STAY (In this place) <b>1 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles north of Lilbourn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4 miles north of Lilbourn</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles north of Lilbourn</b>	

3. NAME OF DECEASED (Type or Print) <b>Lucy West</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-3-1909</b>		9. AGE (In years last birthday) <b>40</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>	

13a. FATHER'S NAME <b>Robert Lee</b>		13b. MOTHER'S MAIDEN NAME <b>Mary ??</b>		14. NAME OF HUSBAND OR WIFE <b>R.D. West</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R.D. West</b> ADDRESS <b>Lilbourn, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pregnancy Labor</b>		DUE TO (b) <b>long not one</b>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Hemorrhage being due to Placenta Praecia</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b> Died on a few minutes after arrival</b>		19c. AUTOPSY? (Yes) (No) <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>12706</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **June 24, 1950**, to **June 24, 1950**, that I last saw the deceased alive on **June 24, 1950**, and that death occurred at **7:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. N. Hibson M.D.</b> (Degree or title)		23b. ADDRESS <b>Lilbourn, Mo</b>		23c. DATE SIGNED <b>6-26-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-28-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Simmons Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Catron, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-27-50</b>		REGISTRAR'S SIGNATURE <b>H. L. Ponder Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ponder Funeral Home</b> ADDRESS <b>Lilbourn, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Wilson

1911 Dec 27.6

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.

Student .....  
Student Embalmer

Signed Horner L. Ponder

Licensed Embalmer No. 3367

P. O. Address Silbourn, 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.