

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22230  
Do not use this space.

REC'D JUL 17 1939

1. PLACE OF DEATH

(a) County Henry Registration District No. 35214  
 (b) Township Windsor Primary Registration District No. 4211 Registered No. \_\_\_\_\_  
 (c) City Windsor (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. - (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LULA M. LASITER

(a) Residence, No. Montrose mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Lasiter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 12 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE  
 10. Date deceased last worked at this occupation (month and year) 6-13-39  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MISSOURI

13. NAME Wm H. Fentress

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME Josie Bales

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. HARRY TURNER

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose Cemetery DATE JUNE 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lennartz & Lennartz

20. FILED July 4, 1939 Leo Heiman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to June 21, 1939  
 I first saw her alive on June 21, 1939 Death is said to have occurred on the date stated above, at 12<sup>25</sup> A. M.  
 The principal cause of death and related causes of importance were as follows:

Skull fracture Date of onset 6-20-39

Other contributory causes of importance:  
Crushed chest  
# Fayed Street Bridge Postment # Date of onset 6-20-39

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, ~~suicide~~, or homicide? \_\_\_\_\_ Date of injury June 20, 1939  
 Where did injury occur? Highway 52 Windsor mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public road  
Car wreck  
 Nature of injury skull fracture & crushed chest

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Ray B Jordan M. D.  
319 (Address) W Windsor mo.

MAY 17 1943

AUG 18 1944

RECEIVED

District Health Officer No.

District File Number 7-39-9

Date Filed 7-11-29

Not returned to Office  
Type listed EXT

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22230  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 14  
 (b) Township Delaware Primary Registration District No. 6420 Registered No. 14  
 (c) City Hinsdale (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lulu M. Lasiter  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Lasiter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>2</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-20 to 6-21, 1939  
 I last saw him alive on 6-21, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
skull fracture  
crushed chest

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County  
Missouri

FATHER  
 13. NAME Walter Fentress  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER  
 15. MAIDEN NAME Josie Robes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Halsey Turner

18. BURIAL, CREMATION, OR REMOVAL Montrose Cem DATE 6-23

19. FUNERAL DIRECTOR (ADDRESS) Leeman's

20. FILED 6-21 1939 J. J. Semmes Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clav Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 6-20, 1938  
 Where did injury occur? Highway 32, Windsor, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in-home, or in public place. Car  
 Manner of injury Car  
 Nature of injury skull fracture, crushed chest

24. Was disease of injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Ray B. Jordan, M. D.  
 (Address) Windsor

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified: Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTAL

