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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 5 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22968

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 5507

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Herrin  
(b) City or town La Rue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Davis Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 weeks  
(Specify whether years, months or days)  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Denny 42  
(c) City or town La Rue  
(If outside city or town limits, write "RURAL")  
(d) Street No. Davis Hosp  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LIZZIE E. HOLLE PETER

3. (b) If veteran, name war None  
3. (c) Social Security No.

4. Sex Female 5. Color or race W.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife W. S. Hallepeter  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased: Sept. 8, 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Morgan Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. M. J. Stephens  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Linda Allison  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant W. S. Hallepeter  
(b) Address La Rue, Mo.

17. (a) Burial (b) Date thereof 7-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Traylor Park Cem.

18. (a) Signature of funeral director: W. A. Wissant

(b) Address Clinton Mo.

19. (a) 7-29-48 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1948 hour 2:20 minutes 30 P.M.

21. I hereby certify that I attended the deceased from July 24 1948 to July 27 1948  
that I last saw her alive on July 24 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Carcinoma of sigmoid  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Intestinal obstruction 6 days  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy H&E  
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?

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (c) Means of injury U.D.  
Signature W. S. Hallepeter (M. D. or other) \_\_\_\_\_  
Address Clinton Mo. Date signed 7/29/48

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

RECEIVED

District Health Officer No. 7;

District File Number 2-48-878

Date Filed 8-22-28

**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

*W. L. Vansant*

Licensed Embalmer No. ....

*3779*

P. O. Address

*Clinton*

**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.**