

FILED JUN 12 1944

Registration District No. 12-1944 Primary Registration District No. 5-7-23-4332 Registrar's No.

1. PLACE OF DEATH:

(a) County MONTEAU

(b) City or town LUPUS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTEAU

(c) City or town LUPUS MISSOURI
(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.....

3. (a) PRINT FULL NAME ELIZA J. CARPENTER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 10, 1944 to May 7, 1944
that I last saw him alive on May 2, 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: AUG 23 1864
(Month) (Day) (Year)

Immediate cause of death Ch. Valvular Disease Duration ?

8. AGE: Years Months Days If less than one day
79 8 11 hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 92d

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

10. Usual occupation RETIRED

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name JAMES L. VAUGHAN

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARY L. MARSHALL

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Lawrence
(b) Address LUPUS MISSOURI

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) BURIAL (b) Date thereof 5-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. GILION CEM.

(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?.....

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home mo

19. (a) May 6-1944 (b) Ernest Lentzsch
(Date received from registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury

23. Signature A. K. Murch (M. D. or other) MD
Address Prairie Home Mo signed 5/17/44

WRITE PLAIN UNFADING BLACK INK--MAKE A PERMANENT RECORD

38
0
0

68

MOTHER FATHER

511

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-44

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 G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.