

FILED JUL 15 1940

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

Registration District No. 207

Primary Registration District No. 4123

Registrar's No. 28-20

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Plattsburg Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If out in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Plattsburg  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Louise Catherine Fales

20. DATE OF DEATH: Month June day 23  
year 1940 hour One minute 45 A.M.

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from June 21-1940  
1940 to June 23, 1940  
that I last saw her alive on June 22, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Stroke as Premoning Duration 5 days

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Lewis Fales 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 2 1940  
(Month) (Day) (Year)

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
81 2 21 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Ohio (State or foreign country)

Other conditions Arterio Sclerosis, Conduction 1958  
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

Major findings: Of operations \_\_\_\_\_

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

MOTHER FATHER { 12. Name Andrew J. Everly

Of autopsy \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) Pennsylvania (State or foreign country)

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

14. Maiden name Elizabeth Gorbuch

15. Birthplace \_\_\_\_\_ (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Carrie Hackett

(b) Address 3950 Magee Kansas City Mo.

17. (a) Burial (b) Date thereof June 25 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Missouri

18. (a) Signature of funeral director O'Brien-Lyon

(b) Address Plattsburg Missouri

19. (a) June 25-40 (b) Bernice Chatham  
(Date received local registrar) (Registrar's signature)

23. Signature PM Steckman (M. D. or other) 1

Address Plattsburg Mo. Date signed 6-28-40

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

5  
4  
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**RECEIVED**

District Health Officer No. 111

District File Number 740-1215

Date Filed JUL 12 1940

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**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 Donald D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Missouri

**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.