

Registration District No. 108

Primary Registration District No. 4549

State File No. 23115

Registrar's No. 27

REC JUL 15 1940

1. PLACE OF DEATH:

(a) County Wright
(b) City or town MTA GROVE Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 2M

3. (a) PRINT FULL NAME Lucinda Loid Date

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Jim Date 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 24 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name J. M. Trent

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

14. Maiden name Cunningham

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

16. (a) Informant Burl Land

(b) Address MTA GROVE Mo

17. (a) Burial (b) Date thereof May 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Valley

18. (a) Signature of funeral director Staff

(b) Address MTA GROVE Mo

19. (a) 5-10-1940 (b) Bernie Mulgrew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town MTA GROVE Mo
(If outside city or town limit write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 7 minutes 0 A.M.

21. I hereby certify that I attended the deceased from 5/11 to 5/11, 1940, that I last saw her alive on 5/8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Larynx

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? 831 (Specify type of place) (e) Means of injury _____

23. Signature R A Ryan (M. D. or other) _____
Address MTA GROVE Mo Date signed 7-10-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 640-1468

Date Filed _____

JUN 26 1940

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.