

STANDARD CERTIFICATE OF DEATH

Registration District No. **821**

Primary Registration District No. **6070**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Scott**  
(b) City or town **Rural - Richland**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **2**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **Fritz Lee Lancaster**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased **9 21 40**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Vanduser MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name **Robert Lancaster**  
13. Birthplace **Vanduser MO.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Eva Summers**  
15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Lancaster**

(b) Address **Bell City Mo. R 1**

17. (a) **Burial** (b) Date thereof **9/24/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Merley Mo.**

18. (a) Signature of funeral director **John A. ...**

(b) Address **Sikeston Mo.**

19. (a) **10-7-1940** (b) **John A. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Scott**  
(c) City or town **Rural - Richland**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **23**  
year **1940** hour **11** minute **55** pm.

21. I hereby certify that I attended the deceased from **9/23/40**, 19\_\_\_\_, to **9/23/40**, 19\_\_\_\_;  
that I last saw him alive on **9/23/40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (e) Means of injury **3**

23. Signature **Mohrill** (M-D; or other) **BO**  
Address **Sikeston Mo** Date signed **9/26/40**

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

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RECEIVED

District Health Officer No. 2

District File Number 1040-154

Date Filed 10/10/40

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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.....

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.**