

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37997**

DEC 16 1940

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 270

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Beaumont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 35 years (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Lillie E. Stender

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Stender 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 4 1873
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name Smith Alward A

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

14. Maiden name Mary E. Stender

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

16. (a) Informant J. F. Stender

(b) Address Beaumont

17. (a) Funeral (b) Date thereof Nov 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaumont Mo

18. (a) Signature of funeral director S. B. Hopper

(b) Address Beaumont Mo

19. (a) Nov 23 40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Beaumont
(If outside city or town limits, write "RURAL")
(d) Street No. Greentop, M. R. F. D.
0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1940 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 9
1932 to Nov 22 1940
that I last saw her alive on Oct 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to IB

Other conditions interference of age
(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 _____

(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Spencer L. Freeman (M. D. or other) !
Address Beaumont Mo Date signed Nov 22 40

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2334

Date Filed DEC 14 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 with the above constitutes grounds for revocation of license.)

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