

Registration District No. 897

Primary Registration District No. 6101

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - Finley Swaps
(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 2
years, months or days

3. (a) PRINT FULL NAME Verbenia May Peters

3. (b) If veteran, name war

3. (c) Social Security No. 526-01-3466

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willie 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased: 1 (Month) 24 (Day) 1916 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>10</u>	<u>14</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Lowlain

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

14. Maiden name Jilly Luchet

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

16. (a) Informant Willie Peters

(b) Address Seymour, Mo.

17. (a) Rural (b) Date thereof 12-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director H. K. Hulley

(b) Address Seymour, Mo.

19. (a) Dec 9 1940 (b) W. E. Memahan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Webster

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Seymour MO. RFD. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th
year 1940 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-enteritis Duration _____

Due to No determined

Due to _____

Other conditions Cholera morbus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Acute Gastro-enteritis with hemorrhage

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

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

(b) Date of occurrence Unknown

(c) Where did injury occur? Seymour Webster Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown
(Specify type of place)

3 While at work? (e) Means of injury _____

23. Signature W. E. Memahan (M. D. or other) MD

Address Osark, Mo. Date signed 12-8-40

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

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

H. K. Kelley

Licensed Embalmer No.

3334

P. O. Address.....

Raymour m

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.