

No. 2  
17-38  
X2115

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

Registration District No. 449

Primary Registration District No. 669

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

1. PLACE OF DEATH:  
 (a) County Laclede  
 (b) City or town Rural Lebanon Sup  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME Estella Ardella Pride

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Jayette E. Pride 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July 16 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Silas A. Cord

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

14. Maiden name Martha P. Pearson

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

16. (a) Informant George Dilworth  
 (b) Address Lebanon Mo

17. (a) burial (b) Date thereof Feb 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon  
 18. (a) Signature of funeral director W. E. Holman  
 (b) Address Lebanon Mo  
 19. (a) 2-11-41 (b) J. M. Court  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo (b) County Laclede 53  
 (c) City or town Rural \_\_\_\_\_  
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20  
 year 1941 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2-11, 1941, to 2-20, 1941  
 that I last saw h. \_\_\_\_\_ alive on 2-15, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cor Myocarditis

Due to \_\_\_\_\_  
 Due to 93A

Other conditions Influenza  
(Include pregnancy within 3 months of death)

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

Duration

PHYSICIAN

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? 404

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. M. Court (M. D. or \_\_\_\_\_)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

3  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 3-41-536

Date Filed 3-12-41

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.....

Dorsey M. Howe....., Registered Apprentice No. 256  
working under my personal supervision.

Signed W. E. Holman.....

Licensed Embalmer No. 4107

P. O. Address Lebanon, 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.