

MAILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14249

State File No. _____

Registration District No. 192

Primary Registration District No. 5232

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Rural - Lincoln
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town rural
(If outside city or town limit, write "RURAL")
(d) Street No. Clever - Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Lucinda Word
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 4
year 1941 hour 5 minute 42 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William E. Word 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 28 - 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 25, 1941, to March 31, 1941;
that I last saw her alive on March 31, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 3 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic nephritis arteriosclerotic kidney Hypertension
Due to _____ Chronic myocarditis Senility
Other conditions (Include pregnancy within 3 months of death) _____
12/18

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name G. Melton
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant C. R. Word
(b) Address Cleaver

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? _____

17. (a) Burial (b) Date thereof Apr. 6 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frazier Chapel

18. (a) Signature of funeral director T. W. Maple
(b) Address Cleaver - Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Charles A. Spears (M. D. or other) D.M.D.
Address Billings Date signed April 5

19. (a) April 8, 1941 (b) Gertie Nickes
(Date received local registrar) (Registrar's signature)

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

2
0
0

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 J.W. Maple

Licensed Embalmer No. 2985-

P. O. Address Cleveland MO

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.