

3-40
-39
K23159

FILED DEC 11 1941

Registration District No. 183

Primary Registration District No. 6264

State File No. _____

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural -- Porter
(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

3. (a) PRINT FULL NAME Lura Celona Solomon.

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

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

6. (b) Name of husband or wife M.D. Solomon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April, 1, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 7 17 _____ hr. _____ min.

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

10. Usual occupation invalid- previous housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Baugh

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

14. Maiden name Susan Hope

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

16. (a) Informant Bill Perkins

(b) Address Nixa, Mo. R#1.

17. (a) burial (b) Date thereof 11-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) Nov. 24 1941 (b) I. O. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Mo. (b) County Christian

(c) City or town Rural- Porter 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1941 hour 7 minute 5 P.M.

21. I hereby certify that I attended the deceased from Dec 17-40
1940, to Nov-18 1941;
that I last saw her alive on Nov-18 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 8 days

Due to Essential Hypertension 10 yrs

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury ?

23. Signature I. O. Hawkins (M. D. or other) MO.

Address Nixa, Mo Date signed 11-24-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1819

Date Filed DEC 10 1941

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. Maples

Licensed Embalmer No.....

2985

P. O. Address.....

Cleaver 710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.