

FILED MAR 18 1942
Registration District No. 362

Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural - Richwoods, Mo.
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hawesek, Mo. R# 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

LAURA BELLE CAPLER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. - 12 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Wesley Russell

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

14. Maiden name Elizabeth Baswell

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

16. (a) Informant Walter Mass

(b) Address Hawesek, Mo

17. (a) Burial (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trueman - Dixon, Mo

18. (a) Signature of funeral director Ch. Casey

(b) Address Bonora, Mo

19. (a) 3/3/42 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1942 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from Feb 25
_____, 1942, to March 2, 1942;
that I last saw her alive on March 1st, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 days
Due to arteriosclerosis + Hypertension years.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: g30
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) (a) Means of injury 2

23. Signature Wm. A. Gould (M. D. or other) DO
Address St. Louis, Mo Date signed 3/3/42

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

560

RECEIVED

Miller County Health Dep't

County File Number 42-22

Date Filed 3/10/42

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.

No Embalming

Signed.....

W. L. Baxey

Licensed Embalmer No. 2694

P. O. Address Berea, 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, fact should be so stated above.