

FILED 1111 11 1942
288

Registration District No.

Primary Registration District No. 4172

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Missouri
(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
In this community All Her Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Lydia Colmore

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

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if

7. Birth date of deceased Aug 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 7 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Delusie Bailey
13. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Johnson
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Donie Prusky
(b) Address Kennett Mo

17. (a) Burial (b) Date thereof 5-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lamb and Co
(b) Address Kennett Mo

19. (a) 6-8-42 (b) Julius Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Kennett 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 407 Kennett St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 4 minute 2 M.
21. I hereby certify that I attended the deceased from Jan 2
1942 to May 15 1942
that I last saw her alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis 3 mo
Duration

Due to Carcinoma of Cervix uteri 2 year

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 George Whitmore (M. D. or other)
Address Kennett Mo Date signed 6-8-42

RECEIVED

District Health Office No. 2,

District File Number 742-843

Date Filed JUL 13 1942

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

Walter C. Hoebius

Licensed Embalmer No.

2002

P. O. Address

Kennett 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.