

75-28003
State File No. 28003
Registrar's No. 60

SEP 11 1943

73

Primary Registration District No. 3014

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 233 W. Franklin St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1929 - 13 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 233 W. Franklin St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lottie B. Preston

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

4. Sex W 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
7. Birth date of deceased April 8 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Port Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Owner

11. Industry or business Newspaper

12. Name A. M. Flint

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

14. Maiden name Adeline

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

16. (a) Informant Bessie Paulson

(b) Address 233 W. Franklin St

17. (a) Marshall (b) Date thereof Aug 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director H. Gardner

(b) Address 19 E. Franklin St

19. (a) Aug 15 1943 (b) Helen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1943 hour 11 minute 46 AM

21. I hereby certify that I attended the deceased from Aug 13 1943 to Aug 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of artery

Due to Diabetes Mellitus

Atherosclerosis

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

Major findings: Of operations 61

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 H. Gardner (M. D. or other) _____
Address Liberty, Mo Date signed 8/15/43

Duration

2.5a

15 yr.

Indef.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED
24
2
1

Mr. [unclear]
Dir. of Health [unclear] No. 8
Filed 9-10-43

[Handwritten signature]

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 *[Signature]*
Licensed Embalmer No. *3934*
P. O. Address.....

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.