

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17301.
Registrar's No. 83

FILED JUN 12 1944

Registration District No. _____

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
220 E. Bolivar 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 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain //
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 220 E. Bolivar St. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Lyda E. Foree

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Clarence Foree 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 2, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business _____

12. Name Newton Dull

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

14. Maiden name Virginia Hangar

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

16. (a) Informant Lillian Foree

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof June 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Karl E. Mackie

(b) Address Mexico, Mo.

19. (a) 5/31/44 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 24, 1943 to May 25, 1944
that I last saw her alive on May 25, 1944
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic myocarditis
Cardiac asthma

Due to Generalized arterio-sclerosis

Other conditions elevated blood pressure

Major findings:
Of operations _____
Of autopsy _____

Duration

2 yrs.

5 yrs

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) (c) Means of injury _____

23. Signature Karl E. Mackie (M. D. or other) MD

Address Mexico, Mo. Date signed 5/31/44

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

4/1
1
2

1074

APR 24 1940

RECEIVED

District Health Officer No. 10

District File Number *6-44-1175*

Case Filed JUN 9 1944

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 *Earl E. Pruch*.....

Licensed Embalmer No.....

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.