

FILED MAY 13 1945
141

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Hawes

(b) City or town West Plains, Mo.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 25 4 13- years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hawes

(c) City or town West Plains Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. St Lawrence Blv. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Faye Radcliff

3. (b) If veteran ✓ name war _____

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 45 hour 10 minute 00 9 M.

4. Sex 7 1 5. Color or race W

6. (a) Single, widowed, married, divorced M.

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

7. Birth date of deceased 6-30-1897-
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 22nd, 1945, to April 22, 1945
that I last saw her alive on April 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis - Chron

8. AGE: Years 48 Months _____ Days _____ If less than one day _____ hr. _____ min.

He also suffered with asthma -
Due to myocarditis - chron -

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

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Marshal Nixon

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

14. Maiden name _____

15. Birthplace 4 (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Dewey Radcliff
(b) Address West Plains, Mo.

17. (a) 16. (b) Date thereof 4/25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Roberts
(b) Address West Plains, Mo.

19. (a) 57-41 (b) Jessie Radcliff
(Date received local registrar) (Registrar's signature)

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 _____

Signature Dr. L. H. Lamburgh (M. D. or other) _____
Address West Plains, Mo. Date signed 5/1/45

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

46
1
1

1128

Lamburgh

RECEIVED

District Health Officer No. 5,

District File Number 545252

Date Filed 5-10-45

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 D. D. Roberts

Licensed Embalmer No. 3435

P. O. Address West Lane, M

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.