DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20631

State File No.

FILED JUL 14 1945

Registration District No. 763 Primary Registration District No. 4244 Registrar's No. 11

19 40 0

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 428 Fountain Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44

(c) City or town Carterville (If outside city or town limits, write "RURAL") 4

(d) Street No. 428 Fountain Street (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lana Belle Souter

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 6 (Day) 1871 (Year)

8. AGE: Years 74 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Jim Smith
13. Birthplace Dayton, (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Son-in-law Lewis Burris

(b) Address Webb City, Mo.

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

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) June 4, 1945 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1945 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 1-2-44 ~~[illegible]~~ to 6-1, 1945; that I last saw her alive on 5-20, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	Devil yes
~~Due to~~ Acute ~~or chronic~~ myocarditis	2 wk.
Due to Chronic Myocarditis	Devil yes
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address [illegible], Mo. Date signed 6/4/45

(Licensed Embalmer's Statement on Reverse Side)

45-6-552

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 Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed E. H. Ledge

Licensed Embalmer No. 2859

P. O. Address Webb City, 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.