

National Office of Vital Statistics
FILED JUL 30 1948
293

Registration District No. **293**

Primary Registration District No. **6005**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County **M. Ralls**

(b) City or town **New London R R 1**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Residence, R R 1 New London Mo.**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls** **89**

(c) City or town **New London** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **R R #1**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Alice Lillian Withrow**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**
year **1948** hour **10** minute **10 a. m.**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Elmer Withrow** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **March 28, 1897**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **No Medical Attention**
that I last saw him **alive** on **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental Death Caused by being Struck by Lightning**

Due to **Lightning**

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **51** Months **3** Days **16** If less than one day hr. min.

9. Birthplace **Oklahoma** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: Of operations **9/2**

Of autopsy **19**

PHYSICIAN **Underline the cause of which death should be charged statistically.**

MOTHER FATHER

11. Industry or business

12. Name **George Martingale**

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

14. Maiden name **Clemy Hartreter**

15. Birthplace **No record** (City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Withrow**

(b) Address **R R 1 New London**

17. (a) **Burial** (b) Date thereof **7/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grandview Burial Park**

18. (a) Signature of funeral director **A. Campbell Smith**

(b) Address **902 Broadway Hannibal Missouri**

19. (a) **7-20-48** (b) **M. P. Hater**
(Date received local registrar) (Registrar's signature) **268**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **July 14-1948**

(c) Where did injury occur? **Ralls, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On Farm**
(Specify type of place)

While at work **Lightning** (e) Means of injury

23. Signature **Clyde W. Perry**

Address **Perry, Mo** Date signed **7/17/48**

JUL 3 0 1948

AUG 5

RECEIVED

District Health Officer No. _____

District File Number 7-48-13

Date Filed JUL 28 1948

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 _____

Lynn Ann D. Steele

Registered Apprentice No. 469

working under my personal supervision.

Signed *W. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.

Registration District No. 293

Primary Registration District No. 6005

Registrar's No. 112

1. PLACE OF DEATH: Ralls
 (a) County.....
 (b) City or town.....
 (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 _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Alice L. Withrow
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28 (Month) (Day) (Year)
 8. AGE: Years 51 Months 3 Days _____ If less than one day _____ hr. _____ min.

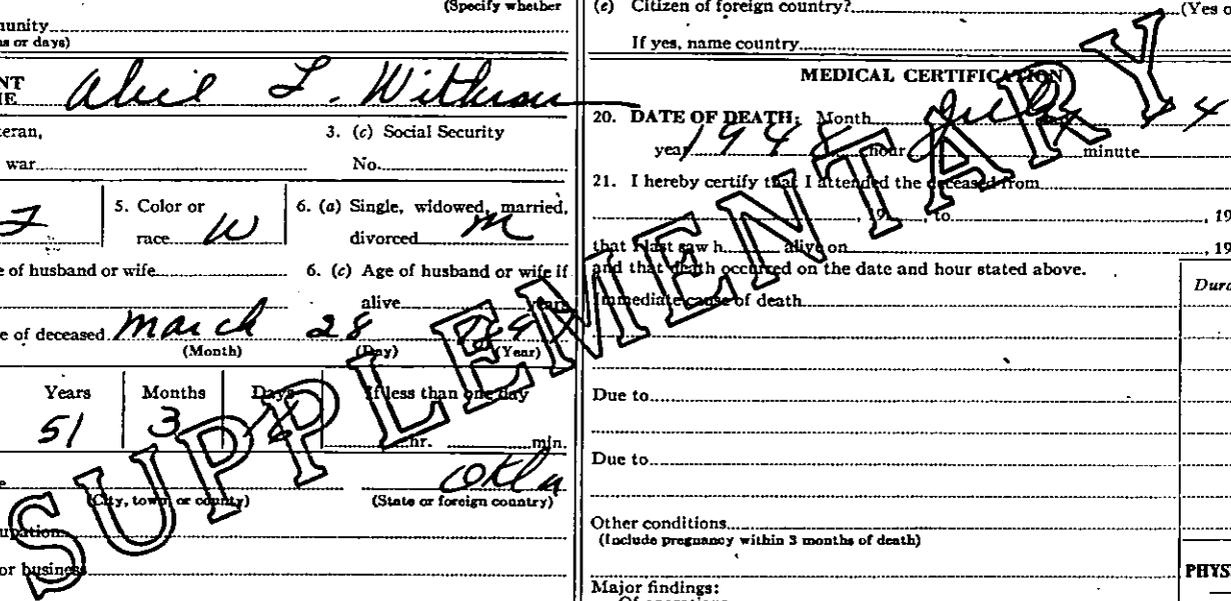
9. Birthplace _____ (City, town, or county) (State or foreign country) Oklahoma
 10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

Due to _____
 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.

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) July 20, '48 (b) H. J. Malers (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 _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____



MOTHER FATHER

S-23901