

FILED JUL 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22047

State File No. _____

Registration District No. 169

Primary Registration District No. 5632

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lawrence, Mo.

(b) City or town La Russell, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 20
(If rural, give location)

(e) If foreign born, how long in U. S. A.? LC years.

3. (a) PRINT FULL NAME Mary Elizabeth Holman

3. (b) If veteran, name war LC

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 1941 hour 1 minute 10 A. M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife LC

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

7. Birth date of deceased: 12-10-1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 17, 1941; that I last saw her alive on Jan 6, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death: gastric carcinoma

Duration: 1 year

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

10. Usual occupation: at home

Due to _____

Due to _____

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

11. Industry or business _____

12. Name of father: John Cassidy

13. Birthplace of father: Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name of mother: Elizabeth Armstrong

15. Birthplace of mother: Kentucky
(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: Mrs. Harry Miller

(b) Address: La Russell, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof: 6-13-41
(Month) (Day) (Year)

(c) Place: burial or cremation: LC

18. (a) Signature of funeral director: Monnie Lemmon

(b) Address: Miller, Mo.

19. (a) 6-29-41 (Date received local registrar)

(b) W. S. Beckner (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? LC

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: L. J. Palmer (M. D. or other) D

Address: Miller, Mo. Date signed: 6-12-41

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

RECEIVED

District Health Officer No. 6

Date Filed

Date Filed

RECEIVED

District Health Officer No. 6

District File Number 741-1000

Date Filed JUL 2 1941

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

L. R. Seiman

Licensed Embalmer No.

3297

P. O. Address

Miller 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, above space should be left blank.