

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15523

Do not use this space.

1. PLACE OF DEATH

(a) County Monteaire Registration District No. 031
(b) Township Walster Primary Registration District No. 0769
(c) City or California (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iste Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1875

7. AGE YEARS 64 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Miller Co Mo
(STATE OR COUNTRY)FATHER 13. NAME Lashley Hiescox14. BIRTHPLACE (CITY OR TOWN) Monteaire Co Mo
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Sallie Latham16. BIRTHPLACE (CITY OR TOWN) Monteaire Co Mo
(STATE OR COUNTRY)17. INFORMANT Isack Russell
(ADDRESS) California Mo18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 4/16 194019. FUNERAL DIRECTOR (NAME) Willems and Friedmeyer
(ADDRESS) California Mo20. FILED 4-15-1940 H. R. Popejoy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-194022. I HEREBY CERTIFY, That I attended deceased from 4-2-1940, to 4-14-1940

I last saw her alive on 4-11-1940. Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
caused from hemorrhage
into the brain

Date of onset 4-2-40

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Chloroform Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) H. R. Popejoy M. D.
California Mo
504 (Address)

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.....

H. E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.