

FILED MAR 16 1945

Registration District No. 44

Primary Registration District No. 4062 5149

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Cowgill Mo Rural District
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Byrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Cowgill (Rural)
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME LULA B. MANSUR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race W.

6. (a) Single, widowed, married Widow

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

7. Birth date of deceased Dec. 18 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st
year 1945 hour 6 minute 02 M.

21. I hereby certify that I attended the deceased from Jan 15 1945 to Jan 31 1945
that I last saw her alive on Jan 30 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death embolism and paralytic left side

Duration 48 hrs.

9. Birthplace Cass Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Due to _____

Due to _____

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

Major findings: Henry H. Patterson

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Benjamin Clepper

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

14. Maiden name Mary Keas

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Owen

(b) Address Cowgill Mo. R.F.D.

17. (a) Burial (b) Date thereof Feb. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Park Ridgeway Mo.

18. (a) Signature of funeral director A.W. Mansur

(b) Address Richmond Mo.

19. (a) 2/1/45 (b) E. A. Thompson
(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? _____

White at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. H. Patterson (M. D. or other) _____

Address Cowgill Mo. Date signed _____

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

13
0

1101

Jan 31-45

For A. B.

W. B. Hill

1906

11/13/06

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 _____
working under my personal supervision.

Signed

Robert Marshall

Licensed Embalmer No. 4157

P. O. Address

Richmond, 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.