

REC'D JUL 25 1938

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

23133  
Do not file this space.

1. PLACE OF DEATH *2*  
(a) County *Texas* Registration District No. *862*  
(b) Township *Burdine* Primary Registration District No. *6135-* Registered No. *71*  
(c) City *Cabool* (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 *1* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Clara Anna Lamoree 56 p*  
(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ezra Lamoree*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10, 1867*

7. AGE YEARS *70* MONTHS *7* DAYS *22* IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*

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) *June 1938* 11. Total time (years) spent in this occupation *all of life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

FATHER 13. NAME *John Kuhn* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *unknown* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Ezra Lamoree* (ADDRESS) *Cabool Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabool* DATE *June 4, 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Raymond V. Elliot*  
*2001 Mo*

20. FILED *June 7, 1938* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 2, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *No Physician in attendance*  
I last saw h. \_\_\_\_\_ die on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *7 P.* m.  
The principal cause of death and related causes of importance were as follows:  
*Hypertension caused death* Date of onset \_\_\_\_\_

Other contributory causes of importance: *2009*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *Houston S. H.* M. D.  
(Address) *Houston S. H.*

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.

*Mrs. Clara Cunningham* (Licensed Embalmer's Statement on Reverse Side) *Car -*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**