

REC'D MAR 16 1938

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

6322
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township Boonville Primary Registration District No. 3015 Registered No. 26
(c) City Pilot Grove, Mo. (d) Street No. St. Joseph Hospital 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 37 yrs 7 mos 8 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Pilot Grove, Mo. - 1922 (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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-11-1901
7. AGE YEARS 37 MONTHS 9 DAYS 8 If LESS than 1 day,hrs. ormin.
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) 2-19-39
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

13. NAME Frank Lamm

14. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jennie Lawrence

16. BIRTHPLACE (CITY OR TOWN) Pleasant Green
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) B.F. Jumenter
Pilot Grove Mo

18. BURIAL, CREMATION OR REBIVAL PLACE St John Cem. DATE 2-21-39

19. FUNERAL DIRECTOR (NAME) Frayott Stecklein
(ADDRESS) Pilot Grove, Mo.

20. FILED 2-20 1939 D.C. Cooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-19 1939 to 2-19 1939
I last saw her alive on 2-18 1939 Death is said to have occurred on the date stated above, at 8:15A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation
Rheumatic Heart Disease
Secondary kidney failure from cloudy swelling
Date of onset Dec 15

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical as 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) Hubrey A. Willard, M. D.
197 (Address) Boonville, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/31

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.....

G. A. Stacklein
working under my personal supervision.

Registered Apprentice No.....

Signed *G. A. Stacklein*

Licensed Embalmer No. *3369*

P. O. Address *Pilot Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.