

REC'D MAR 13 1939

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

7191
 Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Miller Primary Registration District No. 5739 Registered No. 74
 (c) City Nannibal (d) Street No. West Edy Road 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 78 yrs. 7 mos. 4 ds. (f) How long in U. S., if of foreign birth? 78 yrs. 7 mos. 4 ds.

2. PRINT FULL NAME

Josephine Emma Laming
 (a) Residence, No. 1814 Valley 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur William Laming
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1860
 7. AGE YEARS 78 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nannibal, Missouri

FATHER 13. NAME John George Stark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Cornelia Frances Fisher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) William E. Laming
Nannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Olivet DATE Feb. 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray P. Schwartz
Nannibal, Missouri

20. FILED 7123 19 39 H. C. Fisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 19, 1939
 I last saw her... alive on Feb. 18, 1939. Death is said

to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

cardiovascular renal disease

Date of onset

Other contributory causes of importance: 121

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) Wm. H. Miller M. D.

(Address) Nannibal, Mo.

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.