

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

12463  
 Do not use this space.

REC'D APR 25 1939

1. PLACE OF DEATH 2

(a) County Schuyler Registration District No. 802

(b) Township Falcons Primary Registration District No. 6046

(c) City Dawning (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 510 George Mills Lamb

(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Lamb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>7</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Days Owner

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) March 17 - 1939 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Mo

FATHER	13. NAME <u>Byron Lamb</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	MOTHER	15. MAIDEN NAME <u>Ann E. Lamb</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co Mo</u>	

17. INFORMANT (ADDRESS) Maudie Lamb Dawning Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood chmch 19 39

19. FUNERAL DIRECTOR (ADDRESS) Ray Moore Dawning Mo

20. FILE chmch 25 1939 B. E. Gerwig Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) chmch 17 1939

22. I HEREBY CERTIFY, That I attended deceased from chmch 17 1939 to chmch 17 1939

I last saw him alive on chmch 17 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis Date of onset \_\_\_\_\_ years

Heart Failure

Other contributory causes of importance: 92 W

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) B. E. Gerwig, M. D.  
 (Address) Dawning Mo

72

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. 10

District File Number 10-39-731

Date Filed APR 13 1939

STATEMENT BY LICENSED EMBALMER

I, Lloyd Moore, Licensed Embalmer No. 3151

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

**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.)**