

62 JUN 13 1939

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

19106

Do not use this space.

1. PLACE OF DEATH

(a) County Linn

Registration District No. 496

(b) Township Brookfield

Primary Registration District No. 30250

Registered No. 52

(c) City Brookfield

(d) Street No. 1003 Brookfield Ave St.

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1003 Brookfield Ave

(If nonresident, give city or town and State)

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

Robert B. Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 19-1859

7. AGE

YEARS

80

MONTHS

1

DAYS

1

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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)

Randolph Ohio

FATHER

13. NAME

O. H. P. Case

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Marcella Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

R. B. Lambert Brookfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rose Hill

DATE

May 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Will Funeral Chapel Brookfield, Mo

20. FILED

June 1, 1939

Frank Lucas

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1939, to 5/20, 1939

I last saw him alive on 5/20, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Chronic Int. Nephritis & Hypertension

Name of operation none Date of none

What test confirmed diagnosis? urinal Was 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

so, specify

(Signed)

(Address)

W. C. Enoch M. D.  
Brookfield Mo

RECEIVED

District Health Officer No. 11,

District File Number

39-604

Date Filed

JUN 5 1939

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,

J. M. Blacklock

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

J. M. Blacklock

Licensed Embalmer No.

2246

P. O. Address

Brookfield 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, above space should be left blank.