FILED MAR 8 - 1940

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

7915
Do not use this space.

1. PLACE OF DEATH
(a) County Ray 0 Registration District No. 742
(b) Township Poke Primary Registration District No. 5977a Registered No.
(c) City Lawson (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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? life yrs. mos. ds.

2. PRINT FULL NAME 510 Lieucretia BELL LAMB
(a) Residence, No. Lawson Mo, Ray Co. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Lamb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1882
7. AGE YEARS 58 MONTHS DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawson 3 east Ray Co. 0

FATHER
13. NAME J. M. Clevenger 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawson Ray 0

MOTHER
15. MAIDEN NAME Mary S. Sargent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawson Ray

17. INFORMANT (ADDRESS) Albert Lamb Lawson Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawson DATE Feb 9 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morrow Moles Lawson Mo.
20. FILED Feb. 9, 1940 Edwin S Rouse
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Feb. 7, 1940
I last saw her alive on Feb. 7, 1940 Death is said to have occurred on the date stated above, at 5:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Following retropharyngeal abscess	

Other contributory causes of importance: 10 S

Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Cletus E Buehrer, M. D.
(Address) Lawson

(Licensed Embalmer's Statement on Reverse Side)

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.
I X14028

RECEIVED
District Health Officer No. 8,
District File Number 3/7/40
Date Filed

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.