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13-40
7-39
K23159

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon

(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether In this community 7 days years, months or days)

3. (a) PRINT FULL NAME Mary Etta Lambeth

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Lambeth

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 24 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Laclede Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Granville Bethruem

13. Birthplace Laclede Mo
(City, town, or county) (State or foreign country)

14. Maiden name Angelina Smithpeter

15. Birthplace Laclede Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe A Lambeth

(b) Address Springfield, Mo

17. (a) Burial (b) Date thereof 10/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Palmer's 440

(b) Address Lebanon Mo

19. (a) 10-30-40 (b) J.A. Milcomb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede

(c) City or town Sleeper
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Oct 18 1940 to Oct 25 1940 that I last saw her alive on 10-25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation + heart block with decomposition

Due to frustration

Due to _____

Other conditions Antemortaria
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 95%

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Harold A Jenkins (M. D. or other) _____

Address Lebanon, Mo Date signed 10-26

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RECEIVED

District Health Officer No. 7.

District File Number 11-40-1619

Date Filed 11-13-40

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

W. Palmer

Licensed Embalmer No. 1161

P. O. Address

Lebanon Mo

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

If this body is not embalmed, fact should be so stated above.