

No. 2
13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42322
Registrar's No. 5334
1279

JAN 6 1941
Registration District No. _____

Primary Registration District No. 341-5334

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural N Benton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

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

(d) Street No. Buffalo Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Darrel Alfred Lamar

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov 3 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4 year 1940 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from on 11-30, 1940, to _____, 19____; that I last saw him alive on 11-3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Premature death Duration _____

8. AGE: Years _____ Months _____ Days _____ : If less than one day 4 hr. 25 min.

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

Due to DR 154

Due to DR

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

12. Name Ben Lamar

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

14. Maiden name M. Gibson

15. Birthplace White City Ken.
(City, town, or county) (State or foreign country)

Major findings: Of operations None Of autopsy None

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Ben Lamar

(b) Address Buffalo Mo.

17. (a) Burial (b) Date thereof 11-4-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Rock

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo.

19. (a) 12/10 (b) Hanny Moran
(Date received local registrar) (Registrar's signature)

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? 210
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature H. Pleunier (M. D. or other) _____

Address Buffalo Mo. Date signed 11-14-40

RECEIVED

District Health Officer No. T.

District File Number 12-40-1800

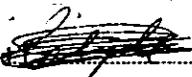
Date Filed 12-19-40

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 

.....
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, fact should be so stated above.