

FILED JAN 20 1941

Registration District No. **770**

Primary Registration District No. **5633**

Registrar's No. **165**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 164 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Louisburg
(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.

3. (a) PRINT FULL NAME Ellis Lamun

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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: November 24 1922
(Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Louisburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Linnial L. Lamun

18. Birthplace Buffalo Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Wise

15. Birthplace Buffalo Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. S. Sanatorium, Mt. Vernon, Mo

17. (a) Burial (b) Date thereof 1-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisburg Mo

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

(b) Address Buffalo Mo.

19. (a) 12-30-1940 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1940 hour 12 minute 18pm.

21. I hereby certify that I attended the deceased from July 20 1940 to Dec. 30 1940,
that I last saw him alive on December 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 9 mos

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Mt. Vernon, Mo. Date signed 30

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12-30-40

RECEIVED

District Health Officer No. 6,
District File Number 141-64

Date Filed JAN 9 1941

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.