

Registration District No. **497**

Primary Registration District No. **4300**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Linn**  
 (b) City or town **Browning**  
(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 **Missouri** (b) County **Linn**  
 (c) City or town **Browning**  
(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 **December** day **23**  
 year **1940** hour **2** minute **30** a. M.

21. I hereby certify that I attended the deceased from  
**June** 19**40**, to **December 23**, 19**40**.  
 that I last saw her alive on **Dec 22**, 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma sigmoid**  
 Duration **2 year**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ **Hb**

Other conditions **Symptomatic**  
(include pregnancy within 3 months of death) **6 month**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
**L.I.C.**  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J.P.M. Acker** (M. D. or other) \_\_\_\_\_  
 Address **Browning, Mo.** Date signed **12/23**

3. (a) PRINT FULL NAME **Margaret Ann Fore**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **XXXXXXXXXX** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **March 14 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **9** If less than one day  
hr. min.

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

10. Usual occupation **At home**

11. Industry or business **XXXXXXXX**

12. Name **Tilford Lamme**

13. Birthplace **XXXXX Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sue Garrett**

15. Birthplace **XXXXX Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **V. J. Lamme**  
 (b) Address **Laclede, Missouri**

17. (a) **Burial** (b) Date thereof **12/24/1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery, Linneus**

18. (a) Signature of funeral director **Horne Luth. Co.**  
 (b) Address **Linneus, Missouri**

19. (a) **Dec. 21, 1940** (b) **Ms. Rita Wellman**  
(Date received local registrar) (Registrar's signature)

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.

**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.....

*Scott A. Taylor*

Licensed Embalmer No..... 3761

P. O. Address Linneus, Missouri

**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.**