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BUREAU OF THE CENSUS
FEB 25 1941

Registration District No. **677**

Primary Registration District No. **4403**

Registrar's No. **30**

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla

(c) Name of hospital or institution: Wells McTearland Memorial Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 8 days
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME William Riley Lamb

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 Jan 7 1853
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------------------------|--|
| | <u>87</u> | <u>18</u> | <u> </u> | hr. <u> </u> min. <u> </u> |

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

10. Usual occupation Farming

11. Industry or business

12. Name Thomas Lamb

13. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Plabie

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

16. (a) Informant Mrs. Elsie Smith

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof Jan. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director

(b) Address

19. (a) Jan. 29, 1941 (b) Jon. F. Coyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rolla
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1941 11:28 hour 11 minute 28 a.m.

21. I hereby certify that I attended the deceased from Jan. 18, 1941, to Jan. 25, 1941;
that I last saw him alive on Jan. 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Stavages of old age and infection from feet

Due to his right hand

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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

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

(b) Date of occurrence Jan. 14, 1941

(c) Where did injury occur? Rolla Phelps Mo
(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 plant) (Specify type of injury)

23. Signature (Registrar or other)
Address Rolla, Missouri Date signed 1/26/41

RECEIVED

District Health Officer No. 5,

District File Number 241209

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed S. L. Muel

Licensed Embalmer No. 3394

P. O. Address Kella me

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.