

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28636

Registration District No. 420

Primary Registration District No. 5574

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Hillsboro *Waits 7 hrs*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 71 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS MATHEWS LANHAM.

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

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

6. (b) Name of husband or wife Medora Williams 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Jan. 9, 1870.
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 2
If less than one day hr. min.

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

10. Usual occupation Ret. Laborer

11. Industry or business

MOTHER FATHER
12. Name ? Lanham
13. Birthplace Virginia.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) Burial (b) Date thereof Aug 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 8-18-41 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson *050*
(c) City or town Hillsboro *0*
(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.? all life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1941 hour 18 minute 30 A.M.

21. I hereby certify that I attended the deceased from Coroner Investigator 1941
that I last saw him alive and well 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis *Unknown*

Due to _____
Due to 1941

Other conditions Senility and
(Include pregnancy within 3 months of death)
curvature of the liver.
Major findings: None
Of operations: _____

Of autopsy as above

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)
(b) Means of injury _____

23. Signature Walter Spencer (M. D. or other) U
Address DeSoto Mo. Date signed 8/11/41

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3531

P. O. Address: El Paso

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.