

FILED SEP 6 1941
433

Registration District No.

Primary Registration District No. 52 5619

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Gasconade Turp
(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

3. (a) PRINT FULL NAME John H. Lamplin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Lamplin

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

7. Birth date of deceased Nov 2 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 7 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Lamplin

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

14. Maiden name Susan Simpson

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

16. (a) Informant H. E. Lamplin

(b) Address Winnepessee Mo

17. (a) burial (b) Date thereof June 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winnepessee Cemetery

18. (a) Signature of funeral director W. E. Tolman

(b) Address Lebanon, Mo

19. (a) July 3-1941 (b) W. M. Matthews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede ⁰⁵³

(c) City or town Winnepessee Gasconade Turp
(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 June day 22
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15-41
_____, 19____, to June 22 1941
that I last saw h. in alive on June 22 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris *Duration _____

Due to Hardening of coronary arteries

Due to arteriosclerosis & Chronic nephritis

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

Major findings: 1385

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Roland Gaston (M.D. or other) D.O.

Address Poling, Mo Date signed 6-27-41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1599

Date Filed 9-4-41

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.....

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

Signed W. E. Holman.....

Licensed Embalmer No. 4107.....

P. O. Address Lebanon, N......

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.