

S. No. 2
4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34504

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital #1
(d) Length of stay: In hospital or institution 2 yrs 6 mos
In this community 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(d) Street No. 20
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Gladys Lahman

3. (b) If veteran, name war. 3. (c) Social Security No. 62K

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Oct 7 1920

8. AGE: Years 20 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Hannibal Mo.

10. Usual occupation None

11. Industry or business

12. Name Edward Lahman

13. Birthplace Springfield Illinois

14. Maiden name Margaret Witt

15. Birthplace Fulton Missouri

16. (a) Informant Hospital Records

17. (a) Removal (b) Date thereof Oct 3 1941

18. (a) Signature of funeral director Paul G. Schwartz

19. (a) Oct 3 1941 (b) R. N. Creswell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1941 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 5, 1941, to Oct 3, 1941; that I last saw her alive on Oct 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Due to Epilepsy

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 45
Of autopsy

Duration

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?
(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 Nathaniel Sherley (M. D. or other) M.D.
Address State Hospital, Fulton Date signed 10-3-41

100 (Licensed Embalmer's Statement on Reverse Side)

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

14
1
2

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.....

Licensed Embalmer No.....

P. O. Address.....

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.