

No. 2
4-13-40
5-17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6095

State File No. _____

FILED MAR 19 1942

Registration District No. 104

Primary Registration District No. 3005

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution from Sept. 7-1942
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox 52

(c) City or town Edina 1
(If outside city or town limits, write "RURAL") 8

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Pearl Ester Lanham

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

4. Sex Female 5. Color or race white 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 July 27 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 20 If less than one day hr. _____ min. _____

9. Birthplace New Buffalo Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name W. J. Lanham 9

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

14. Maiden name Liza Judd 9

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

16. (a) Informant Pon Long woods

(b) Address _____

17. (a) Jessville (b) Date thereof 2-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edina, Mo.

18. (a) Signature of funeral director Frank Hudson

(b) Address Edina, Missouri

19. (a) 2-17-42 (b) Josie M. Moseley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 1-1, 1941, to 2-17, 1942, that I last saw him alive on 2-16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiitis

Due to ?

Due to _____

Other conditions Coronary atherosclerosis & chronic
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 938

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? _____ (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 D

23. Signature P. S. Tate (M. D. or other)

Address State Hosp. #1 Date signed 2-17-42

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

Keith Anderson

Licensed Embalmer No.

2415

P. O. Address

Edina, 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, fact should be so stated above.