

FILED MAR 16 1942

Registration District No. 31

Primary Registration District No. 5-964-4440

Registrar's No. 43

1. PLACE OF DEATH: Randolph
 (a) County Randolph
 (b) City or town Rural Venick Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community whole life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 mi east of Venick
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Margarette S. Lamb
 3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 23
 year 1942 5 hour AM minute _____ M.
 21. I hereby certify that I attended the deceased from Feb 20
1942 to Feb 23, 1942
 that I last saw her alive on Feb 22, 1942
 and that death occurred on the date and hour stated above.

4. Sex Female, race White
 5. Color of hair _____
 6. (a) Single, widowed, married, Widowed
2 divorced
 6. (c) Age of husband or wife if alive _____ years
 Name of husband or wife Frank Lamb
 7. Birth date of deceased Oct 3 1846
 (Month) (Day) (Year)

Immediate cause of death Senility
 Duration _____

8. AGE: Years 95 Months 4 Days 20
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 1628
 Of autopsy _____

10. Usual occupation housewife

11. Industry or business _____
 12. Name Simon Halliburton
 13. Birthplace Tenn
 (City, town or county) (State or foreign country)
 14. Maiden name Eliza Council
 15. Birthplace N.C.
 (City, town or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Ann Howard
 (b) Address Clifton Hill Mo
 17. (a) Burial (b) Date thereof 2-24-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Liberty Cemetery
 18. (a) Signature of funeral director Geoffrey Kettner
 (b) Address Salisbury Mo
 19. (a) Feb 24 1942 (b) Jenna Plaw
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. C. Griffiths (M. D. or other) _____
 Address Moherly Mo Date signed 2/25/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-42-368

Date Filed 1961-0-1

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.....

Frank R. Winkelmayer....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank R. Winkelmayer.....

Licensed Embalmer No. 3981.....

P. O. Address Salisbury, Mo......

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.