

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25613

State File No. _____

Registration District No. 374

Primary Registration District No. 6272

Registrar's No. _____

1. PLACE OF DEATH

(a) County North
(b) City or town Denver, 11th Ave. S. W.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2-116 years, months or days

3. (a) PRINT FULL NAME

Luna Lamb

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 1 5. Color or race White 9 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife A. R. Lamb 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 21 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 28 If less than one day hr. _____ min. _____

9. Birthplace North County, 11th (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Carroll Milligan 13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Mary Day 15. Birthplace North Co. 11th (City, town, or county) (State or foreign country)

16. (a) Informant A. R. Lamb (b) Address Denver, 11th

17. (a) burial (b) Date thereof June 22-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glendale Cemetery

18. (a) Signature of funeral director Brian Bros (b) Address Denver, 11th

19. (a) July 6, 1942 (b) Arlene Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North 113
(c) City or town Denver 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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th 1942
year 1942 hour 7:56 minute _____ P. M.

21. I hereby certify that I attended the deceased from Morning of June 19, 1942, to DEATH June 19, 1942, that I last saw him alive on June 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage June 18, 1942
Due to Essential Hypertension of Vascular System ?
Due to _____

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

Major findings: Of operations ✓

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? ✓ (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 2

23. Signature J. H. Bailey (M. D. or other) DO
Address Denver, 11th Date signed June 19, 1942

(Licensed Embalmer's Statement on Reverse Side)

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

1000

1104

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.....

JO Bram

Licensed Embalmer No. 2947

P. O. Address Denver 11/10

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.