

FILED OCT 15 1942

Registration District No. 187

Primary Registration District No. 3088

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Linn  
 (b) City or town Brookfield  
 (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 \_\_\_\_\_ (Specify whether  
 In this community 6 months years, months or days)

3. (a) PRINT FULL NAME NANCY JANE LAMBERT  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. non

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife J. E. Lambert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 4 1846  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
96 8 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name George Wise  
 { 13. Birthplace Dart Knowlton  
 { 14. Maiden name Lovv Isaacs  
 { 15. Birthplace Dart Knowlton  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elvira Jane Fordham

(b) Address 703 Brookfield Mo

17. (a) Burial (b) Date thereof Oct. 8 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reyding

18. (a) Signature of funeral director James M. Laughlin

(b) Address Madison Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Linn 58  
 (c) City or town Carrallaton 1  
 (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 Oct day 6  
 year 1942 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from March  
 \_\_\_\_\_, 1936 to Oct 5, 1942  
 that I last saw her alive on Oct 5, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia  
 Due to Acute Toxic bronchitis 58  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 106 a PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Ray R. Haley (M.D. or other) MD

Address Brookfield Mo Date signed 10-8-42

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.

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**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 Dale Burch  
Licensed Embalmer No. 4088  
P. O. Address Marceline 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30763

Registration District No. 184 Primary Registration District No. 3038 Registrar's No.

1. PLACE OF DEATH:

- (a) County Lin
- (b) City or town Crookfield  
(If outside city or town limits, write "RURAL" and name of township)
- (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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_  
(If rural, give location)
- (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

- 3. (a) PRINT FULL NAME Nancy Jane Lambert
- 3. (b) If veteran, name war \_\_\_\_\_
- 3. (c) Social Security No. \_\_\_\_\_

- MEDICAL CERTIFICATION
- 20. DATE OF DEATH: Month July year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.
  - 21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I first saw him/her alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

- 4. Sex F
- 5. Color or race W
- 6. (a) Single, widowed, married, divorced \_\_\_\_\_
- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
- 7. Birth date of deceased: Feb (Month) 4 (Day) 1895 (Year)

Immediate cause of death \_\_\_\_\_

- 8. AGE: Years 46 Months \_\_\_\_\_ Days \_\_\_\_\_ (if less than one day) min. \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

- 9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

- 10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

- 11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

- 12. Name \_\_\_\_\_
- 13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)
- 14. Maiden name \_\_\_\_\_
- 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

- 16. (a) Informant \_\_\_\_\_
- (b) Address \_\_\_\_\_

- 22. If death was due to external causes, fill in the following:
- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_

- 17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)
- (c) Place: burial or cremation \_\_\_\_\_

- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)
- (b) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- 18. (a) Signature of funeral director \_\_\_\_\_
- (b) Address \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

- 19. (a) 10-8-1942 (b) N N Cowan (Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures that the financial statements are reliable and can be audited without issue.

In the second section, the author outlines the various methods used to collect and analyze data. This includes both primary and secondary research techniques. The goal is to gather comprehensive information that can be used to identify trends and make informed decisions.

The third section focuses on the challenges faced during the data collection process. It highlights the need for clear communication and coordination between different departments. Without proper collaboration, the data may be incomplete or inconsistent, leading to flawed conclusions.

Finally, the document concludes with a summary of the key findings and recommendations. It suggests that regular reviews and updates to the data collection process are essential for staying current and accurate. The author also notes that ongoing training for staff is necessary to ensure they are equipped with the latest tools and techniques.

The second part of the document details the specific steps involved in the data analysis phase. This includes cleaning the data to remove any errors or outliers, and then using statistical software to perform various tests. The results of these tests are then interpreted to determine their significance and what they mean for the overall study.

The third section discusses the importance of presenting the data in a clear and concise manner. This involves choosing the right visual aids, such as charts and graphs, to effectively communicate the findings. The author also stresses the need for a logical flow in the presentation, so that the audience can easily follow the argument and understand the implications of the data.

In the final section, the author reflects on the overall process and offers some thoughts on how it can be improved in the future. This includes suggestions for streamlining the data collection process and exploring new technologies that could enhance the analysis phase. The author concludes by expressing confidence in the results and the value of the research.