V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34020

State File No.

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Alba Mineral Twp
(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 - - -
In this community 37 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Alba 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - 0

3. (a) PRINT FULL NAME Sylvia Tillie Lamb
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James J. Lamb
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May (Month) 30 (Day) 1905 (Year)
8. AGE: Years 37 Months 4 Days 20 If less than one day hr. min.
9. Birthplace Alba (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
MOTHER FATHER
12. Name Eli Swoveland
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Melda Greenley
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant James J. Lamb
(b) Address Alba, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1942 (Month) (Day) (Year)
(c) Place: burial ~~XXXXXX~~ Purcell Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) Oct. 22, 1942 (Date received local registrar) (b) Mrs. Lillie Legle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1942 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from 6-24-42, 19..., to 10-20, 1942
that I last saw h. alive on 10-20-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pulmonary tuberculosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 13 f 1
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury ?
23. Signature [illegible] (M. D. or other) DO
Address Alba Date signed 10-22-42

(Licensed Embalmer's Statement on Reverse Side)

42-10-861

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 Emm R Kneel

Licensed Embalmer No. 391

P. O. Address Carthage

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.