

FILED FEB 4 1943  
Registration District No. 818

Primary Registration District No. 3017

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(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 All of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1009-7th. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14<sup>th</sup>  
year 1943 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 14 1943 to Jan 14 1943  
that I last saw him alive on Jan 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 270

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

Other conditions none 932  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none

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 \_\_\_\_\_  
23. Signature J. Beckett M.D.  
Address Boonville, Mo Date signed 1-15-43

3. (a) PRINT FULL NAME George O. Lamm.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Ella Lamm 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 13 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer.

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

12. Name Alexander Lamm.

13. Birthplace Cooper County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Smith.

15. Birthplace Cooper County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. B. Lamm.  
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Woodman & Walker  
(b) Address Boonville, Mo.

19. (a) Jan-15-43 (Date received local registrar) (b) Dr. Chas. Swaps (Registrar's signature)

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

27  
2

27  
1  
2

0

1088

FEB 5 1943

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-3-43

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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.....

*G. F. Boller*

Licensed Embalmer No. 3062

P. O. Address Beonville, 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, fact should be so stated above.**