S. No. 2
M—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 32

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5784

Primary Registration District No. 5112

Registrar's No. 19

**1. PLACE OF DEATH:**

(a) County: Bollinger

(b) City or town: Rural Lorance 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 (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Bollinger

(c) City or town: Rural

(If outside city or town limits, write "RURAL")

(d) Street No.: Near Lutesville

(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: John Dale Rambo

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:

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Jan. (Month) 17 (Day) 1943 (Year)

8. AGE: Years | Months | Days: 19 | If less than one day: hr. min.

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

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: William Rambo
13. Birthplace: Bollinger Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Ethel Creese
15. Birthplace: Boulder (City, town, or county) Colorado (State or foreign country)

16. (a) Informant: William Rambo
(b) Address: Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Glen Allen, Mo.

18. (a) Signature of funeral director: Baker Funeral Home
(b) Address: Lutesville, Mo. R. Graham

19. (a) Feb. 24, 1943 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 5th year 1943 hour 11:00 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1943 to Feb. 1, 1943, 1943 that I last saw him alive on Feb. 1, 1943, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Due to: Bronchopneumonia | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 01 | |
| 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: W. L. Pampa (M. D. or other)
Address: Lutesville Mo Date signed: 2/24/43

1063

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 343 - 1877
Date Filed 3-6-43

## 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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.**