

V.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 14 1943
Registration District No. 374

Primary Registration District No. 6273

Registrar's No. _____

1. PLACE OF DEATH:
(a) County North
(b) City or town Grant City, Rural, Pletchell
(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 Life years, months or days) _____ (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Grant City, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WYNONA EMMALINE LAMBERT
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6
year 1943 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-1-43
_____ 1943 to 3-6 1943
that I last saw her alive on 3-6 1943
and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race N 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hub Lambert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 16 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral Anuria
Cerebral Hypoxia
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
74 2 20 hr. min.

Other conditions (Include pregnancy within 3 months of death) 830
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Grant City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business John M. Ferguson
12. Name _____
13. Birthplace Unknown, Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Martha Gille
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Hub Lambert
(b) Address Grant City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pletchell
18. (a) Signature of funeral director Arch C. Dumble
(b) Address Grant City, Mo.
19. (a) Mar 20-1943 (Date received local registrar) (b) Arthur Seaden (Registrar's signature)

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 Boutley Reed (M. D. or other)
Address Grant City Date signed 3-12-43

MOTHER, FATHER

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

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

Arch C. Lampley

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.