

Registration District No. _____

Primary Registration District No. 4002

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Brushers
(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 all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM A. LAMB

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Victoria Lamb 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Jan 11 1856
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>87</u> | <u>4</u> | <u>4</u> | hr. _____ min. _____ |

9. Birthplace Keokuk Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Lamb

13. Birthplace Adair MO
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Adair MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. A. Lamb
(b) Address Brushers, Mo.

17. (a) Burial (b) Date thereof 5-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. O. O. F. Cemetery

18. (a) Signature of funeral director F. P. Conley
(b) Address Brushers, Mo.

19. (a) May 10, 1948 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair

(c) City or town Brushers
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 5, 1948 to time of death, 1948
that I last saw him alive on May 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death from natural causes, due to his extreme age

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 162 lb

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 H. M. Humphrey (M. D. or other) MD
Address Brushers, Mo. Date signed 5-17-48

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

180

1049

RECEIVED

District Health Officer No. 10

District File Number 6-43-1084

Date Filed JUN 11 1943

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 Foster R. Easley
Licensed Embalmer No. 1146
P. O. Address Brashear, 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.