V. S. No. 2
50M—5-42
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. 25442

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 82

59
1
2

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 59 1
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1309 Calhoun
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Connie Lou Lamb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 2nd. (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	4	16	hr. min.

9. Birthplace Chillicothe, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Warren Wayne Lamb
13. Birthplace Chillicothe, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Doris M. Sweem
15. Birthplace Caldwell County, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant W. W. Lamb
(b) Address Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) July 20-1943 (Date received local registrar) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th. year 1943 hour 11:40 minute P: M.

21. I hereby certify that I attended the deceased from July 17, 1943 to July 18, 1943 that I last saw her alive on July 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelitis of rt. femur — Duration 2 days

Due to ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 154a

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 0

23. Signature G. W. Carpenter (M. D. or other)
Address Chillicothe Mo Date signed July 19/43

45 X (Licensed Embalmer's Statement on Reverse Side)

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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri

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.