

FILED DEC 23 1943
Registration District No. 5286

Primary Registration District No. 5286

1. PLACE OF DEATH:

(a) County Cass
(b) City or town My Pleasant Hill Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi. S.W. 1 Belton
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Belton "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S.W. Belton
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 2nd
2nd 1943, to Dec 2nd 1943;
that I last saw him alive on Dec 2nd 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound on Rt. temple, self inflicted
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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) Suicide
(b) Date of occurrence Dec 2nd - 1943
(c) Where did injury occur? Farm Home Cass MO.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm Home
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. M. Miller (M. D. or other)
Address Belton Mo Date signed 12-3-43

3. (a) PRINT FULL NAME JAMES CALLOWAY LAMAR

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 BERTHA S. LAMAR 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased FEB. 2 1981
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 ✓ hr. _____ min.

9. Birthplace CASS CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name N. B. LAMAR
13. Birthplace Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name PARKS
15. Birthplace BATES CO. MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Lamar
(b) Address Belton Mo.

17. (a) Burial (b) Date thereof Dec. 7 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cass, Belton Mo.

18. (a) Signature of funeral director Ed. Boyer & Sons
(b) Address Belton Mo.

19. (a) Dec. 7, 1943 (b) Margaret Telle
(Date received local registrar) (Registrar's signature)

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

9
0

1041

MAR 7 1956

APR 11 1945

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.....

A. R. George

Licensed Embalmer No.....

3645

P. O. Address.....

Grandview, 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, above space should be left blank.