

FILED DEC 17 1943

Registration District No. 1943

Primary Registration District No. 3016

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

16
5
4

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City
 (c) Name of hospital or institution: 1206-Oak
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 85 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole
 (c) City or town Jefferson City (If outside city or town limits, write "RURAL.")
 (d) Street No. 1206-Oak (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Itherman C. Lamson

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 Widowed

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

7. Birth date of deceased May 30 1858
 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Cole County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farm Worker

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Will Simpson

(b) Address 1206-Oak

17. (a) Burial, cremation, or removal Burial (b) Date thereof 12-9-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Hill

18. (a) Signature of funeral director Norma Richter

(b) Address 7004 Jefferson

19. (a) 12-8-43 (b) Norma Richter
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th year 1943 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 3 to Dec 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Bronch

Due to _____

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) Influenza

Major findings: Of operations _____

Of autopsy 33a

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 Will Simpson (M. D. or other) MD
 Address Jefferson City Mo Date signed 12/8/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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. H. Melman*.....

Licensed Embalmer No. *3641*.....

P. O. Address *.....*.....

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.