

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2470
Do not use this space.

FILED FEB 7 1944

1. PLACE OF DEATH

(a) County Cedar Registration District No. 60
 (b) Township BENTON Primary Registration District No. 4106 Registered No. Ma 1
 (c) City JERICHO SPGS (d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ZENONIE LEE STAMPS
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-15-1866
 7. AGE YEARS 77 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25 1944
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:25 A. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance: g4a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOVE JACK MOO JOHNSTON CO
 13. NAME J KELLY LAMBACRE
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOXYVILLE TENNESSEE
 15. MAIDEN NAME MARY A LUNDIE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Mrs. Stella P. Mitchell Jerico Springs, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE JERICHO SPGS, Mo DATE 1-27- 1944

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS) OPMITCHELL JERICHO SPGS Mo
 20. FILED Jan 31 1944 J.P. Schack Local Registrar.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify g4a
 (Signed) J.P. Schack M. D.
 (Address) Jerico Springs, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 29 1944

RECEIVED

Dist. of Health Officer No. 74

Disposal Case Number 1-44-3

Date Filed 2-2-44

STATEMENT BY LICENSED EMBALMER

I, O P Mitchell Licensed Embalmer No. 1908

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M E

--- L. E. ---

No. --- or by --- Registered Apprentice No. ---

working under my personal supervision.

Signed O P Mitchell

Licensed Embalmer No. 1908

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)