

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7662

State File No.

Registrar's No.

FILED MAR 8 1944

Registration District No.

Primary Registration District No.

3039

21

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)
In this community 5 years

3. (a) PRINT FULL NAME

Mary Lambert

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John Lambert

6. (c) Age of husband or wife if alive 5 years (Day) (Year)

7. Birth date of deceased Sept (Month)

5 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>28</u>	hr. min.

9. Birthplace

Mo (City, town, or county) (State or foreign country)

10. Usual occupation

at home

11. Industry or business

12. Name

John Scott

13. Birthplace

Mo (City, town, or county) (State or foreign country)

14. Maiden name

unknown

15. Birthplace

Mo (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Hannah Dorre

(b) Address

Marceline Mo

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

Feb 7 1944 (Month) (Day) (Year)

(c) Place: burial or cremation

St. Oliver

18. (a) Signature of funeral director

James M. Laughlin

(b) Address

Marceline Mo

19. (a)

7-44 (Date received local registrar)

(b)

of Marceline (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Marceline (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1944 hour 10 minute 20 A.

21. I hereby certify that I attended the deceased from Feb 1 1944 to Feb 3 1944
that I last saw him alive on Feb 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

arteriosclerosis
Sanity

Major findings

Of operations

Of autopsy

Duration

5 da.

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
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)

23. Signature

John W. Adams M. D. or other

Address

Marceline Mo

Date signed 3/7/44

(Licensed Embalmer's Statement on Reverse Side)

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

Ch.

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.....

Blanche McLaughlin
1909.

Licensed Embalmer No.....

P. O. Address.....

Marseline Th

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.