DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7688

FILED MAR ~~1 1944~~ 194.

Registration District No. ~~[illegible]~~ 194. Primary Registration District No. ~~[illegible]~~ 4307 Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rocky Comfort
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /—
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Rocky Comfort. 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lou Lauderdale

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 J. L. Lauderdale

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

7. Birth date of deceased December (Month) 15 (Day) 1874 (Year)

8. AGE: Years 69 Months 0 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Barry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name David Lamberson
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Tina McLaughlin
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Effie Lauderdale
(b) Address Rocky Comfort, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Rocky Comfort

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) Feb. 3 1944 (Date received local registrar) (b) O. E. Plumlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Dec-30 1943, to January 4 1944
that I last saw her alive on January 3 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrial Hemorage	4 hrs
Due to Influenza	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

8301

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 O. S. McCall (M. D. ~~or other~~)
Address Wheaton, Mo Date signed 1-9-44

1-366 (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 Margaret Culver, Registered Apprentice No. 357 working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.