

No. 2
-2-43
5-17-39
X35687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944
Registration District No. 200

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5724

7703
State File No. _____
Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon Rural
(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 Livingston
(c) City or town Chillicothe
(d) Street No. 219 East Polk Street
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Lamar
(b) If veteran, name war None
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1st day February
year 1944 hour 11 minute _____ AM

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Virginia LaMar
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased June 4 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 35 Months 7 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Burned to death by gasoline.
Pinned in cab when gasoline transport which he was driving side swiped 31 Chev. Coupe and turned transport upside down in ditch near highway.
Gasoline ignited.
Duration _____

9. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Transport Truck Driver

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

11. Industry or business Oil Transport
12. Name R. T. LaMar
13. Birthplace Elmo Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary F. Malbern
15. Birthplace Quitman Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Stephen G. LaMar
(b) Address St. Joseph, Missouri.
17. (a) Removal (b) Date thereof 2-1-'44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmo, Missouri.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 16!
(b) Date of occurrence 2-1-44
(c) Where did injury occur? On Highway 63 between St.ell and Atlanta
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.
19. (a) 2/1/44 (b) Para B. Munkler
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) (c) Means of injury Burned
23. Signature H. S. Edwards or order _____
Address Evier Mo. Date signed 2-1-44

1037

RECEIVED

District Health Officer No. 10

District File Number 3-44-580

Date Filed MAR 10 1944

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.....

E. R. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed E. R. Norman.....

Licensed Embalmer No. 2374.....

P. O. Address Chillicothe, 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, fact should be so stated above.