

FILED MAY 15 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Poplar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Freeman Hospital 22 St. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME G RACE LAMB

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wash Lamb 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March 4 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 1 21 ✓ hr. ✓ min.

9. Birthplace Gene mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER, FATHER { 12. Name Wm C Russell
13. Birthplace Greentonic mo
(City, town, or county) (State or foreign country)
14. Maiden name Jara C. Horner
15. Birthplace Cassville mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wash Lamb
(b) Address Gene, mo.
17. (a) Burial (b) Date thereof April 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gene mo.

18. (a) Signature of funeral director Station Funeral Home
(b) Address Anderson, mo.

19. (a) 5-4-44 (b) Julius Suedholler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Gene mo.
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ✓ 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1944 hour 2.00 A minute ✓ M.

21. I hereby certify that I attended the deceased from April 17 44 to Apr 26 1944

that I last saw h e live on April 26 1944 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration

Due to Ruptured appendix. 10 days

Due to 61

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

Major findings: appendical abscess
Of operations drain.
Of autopsy ✓

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) No
(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 ✓ Means of injury 0

23. Signature Wash Lamb (M. D. or other) 0
Address Gene, mo. Date signed 5/2/44

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

44-4-373

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 ml
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.