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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 11 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25329**  
Registrar's No. **114**

Registration District No. **25-1**

Primary Registration District No. **2048**

1. PLACE OF DEATH  
(a) County **Wodaway**  
(b) City or town **Maryville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Francis**  
(If not in hospital or institution, write street number and location) **10 days**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Eva Lydia Lamar**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **female**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Chas. Ross Lamar**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 3, 1865**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **13**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Pine Island Minn.**  
(City, town, or county) (State or foreign country)  
**housewife**

10. Usual occupation \_\_\_\_\_

11. Industry or business **DR. J.D. Freeman**

12. Name **unknown**

13. Birthplace **Lydia** county **Bromley** (State or foreign country) **UNKNOWN**

14. Maiden name **unknown**

15. Birthplace **Mrs. Fowler Hamilton** (State or foreign country) **UNKNOWN**

16. (a) Informant **Elmo Mo.**

(b) Address **burial** **7-19-44**

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Lamar cemetery**

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Maryville Mo**  
(b) Address \_\_\_\_\_

19. (a) **7-27-44** (b) **Anna Barber**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Elmo** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **no**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 16** 19**44** Month **July** day **16** year **1944** hour **3** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 8** 19**44** to **July 16** 19**44** and that death occurred on the date and hour stated above.  
that I last saw her alive on **July 15** 19**44**

Immediate cause of death **Cerebral hemorrhage** Duration \_\_\_\_\_

Due to **Arterio sclerosis**  
**Hypertension**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **g 30**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **(f)**

23. Signature **J.M. Boyles** (M. D. examiner)  
Address **Maryville Mo** Date signed **7-26-44**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

4-1-2

1549

(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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. L. Lee*.....  
Licensed Embalmer No. *2539*.....  
P. O. Address..... *Mayville 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.**