

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27348

State File No. _____

Registrar's No. 262

Registration District No. 43

Primary Registration District No. 4058

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Harviell
(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

3. (a) PRINT FULL NAME NANIE B. LAMKIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlie B. Lamkin 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 1 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Butler County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Melton
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Page
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charlie B. Lamkin
(b) Address Harviell, Mo.

17. (a) Burial (b) Date thereof 8-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey Cemetery-Butler Co.

18. (a) Signature of funeral director BLACK'S MORTUARY

(b) Address Corning, Ark. By Dorinda Beary

19. (a) 8-9-44 (b) Belle L. Linn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Harviell
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 12 1944 to Aug 5 1944
that I last saw him alive on July 12 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Of operations none Of autopsy none

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? Mo.

While at work? _____ (Specify type of place) (e) Means of injury fall

Signature W. E. Elliott (M. D. or other) MD
Address Waylor, Mo. Date signed 8/7/44

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

12
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RECEIVED

District Health Office No. 2,

District File Number 244-1167

Date Filed 8-30-24

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.....

Florence A. Berry

Registered Apprentice No. 372

working under my personal supervision.

Signed..... H. G. McNabb

Licensed Embalmer No. 3712

P. O. Address..... Pocahontas, Ark.

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.