

S. No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 14 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35039**

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Pike

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

(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week  
(Specify whether in this community years, months or days) Life time

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pike

(c) City or town near Louisiana (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. West of Louisiana  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Curtis Lamerger

3. (b) If veteran, name war no 3. (c) Social Security No. 910

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

6. (b) Name of husband or wife Jessie Allen Lamerger 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Mar 18 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>18</u>	hr. min.

9. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William A. Lamerger

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Forbes

15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Coleman Lamerger

(b) Address 1002 Iowa St, Louisiana Mo.

17. (a) Burial (b) Date thereof 10/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation in view, near Louisiana

18. (a) Signature of funeral director Lamar & Stone

(b) Address Louisiana Mo.

19. (a) 10-8/44 (b) J. H. Haley  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 6  
year 1944 hour 7:30 minute PM

21. I hereby certify that I attended the deceased from Sept 15  
1944 to Oct 5 1944

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death corrupted blood  
rupture due to hyper-

Due to tumor

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

Other conditions 10-2  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 street, in industrial place, in public place? \_\_\_\_\_

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

23. Signature D. M. Pearson (M. D. or other) \_\_\_\_\_

Address Louisiana Mo Date signed 10/27/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-44-1900

Date Filed NOV 10 1944

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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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.