

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5661

State File No. _____

FILED MAR 8 1945

Registration District No. _____

Primary Registration District No. 217

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hrs (Specify whether
In this community Seventeen Years years, months or days)

3. (a) PRINT FULL NAME Bettie Ruth Lambert,

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 Trentin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 13 1928
(Month) (Day) (Year)

8. AGE: Years 17 Months 17 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Henry Wilson

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

14. Maiden name Dora Wilson

15. Birthplace Jackson County Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wilson

(b) Address Dualey Mo R.F.D. No. 1

17. (a) Burial (b) Date thereof 3 5 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Missouri

18. (a) Signature of funeral director Wesley Service

(b) Address Puxico Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

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

Immediate cause of death Cerebral eclampsia
Due to Pregnancy & up to date
Due to 148A

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

Major findings: Adema y tumor
Of operations _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Mr. Ketchum (M. D. or other) _____
Address Poplar Bluff Mo Date signed _____

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.....

Lyman Steele

Licensed Embalmer No. *2476*

P. O. Address.....

Hexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w. the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

M566

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1212

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution? Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs
(Specify whether
in this community
years, months or days)

3. (a) PRINT
FULL NAMEBeth R. Lambert

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F5. Color or
race W6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased

Feb - 13
(Month) (Day) (Year)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Wilson

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Wilson

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Betty Wilson

(b) Address

Mo. P.O. 45

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

3-5-45
(Month) (Day) (Year)

(c) Place: burial or cremation

Watkins Service

18. (a) Signature of funeral director

Puxico, Mo

(b) Address

13-29-45Belle Stinner

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1945
hour _____ minute _____ M.

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

Immediate cause of death _____

Duration

pneumonia

Due to _____

Due to Pregnancy & nephritis

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____

23. Signature Hardin M. Hendrickson (M. D. or other) _____Address Poplar Bluff, Mo Date signed _____

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

S-5661 1945