. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5920

State File No.

FILED MAR 15 1945

Registration District No. Primary Registration District No. 3016 Registrar's No. 42

1. PLACE OF DEATH: (a) County Missouri State Penitentiary, Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K-Hall, Cell 175 Missouri State Penitentiary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9yr-5mo.27 da (Specify whether years, months or days)
In this community same in Prison

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Newton
(c) City or town Neosheo
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE LAMPHER, #W-46898
3. (b) If veteran, name war unknown
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none given on records
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased September 8, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	18	- hr. - min.

9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation Formerly Farmer
11. Industry or business unknown
FATHER 12. Name Mr. Chancey Lampher,
13. Birthplace Neosheo, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Prison Hospital Prison Records
(b) Address Jefferson City, Mo.
17. (a) Removal (Burial, cremation, removal) (b) Date thereof Feb 27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Wheaton, Mo
18. (a) Signature of funeral director GORDON FUNERAL HOME
(b) Address Jefferson City, Mo.
19. (a) 2-26-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th year 1945 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased ~~XXXX~~ at 12:15AM Feb. 26, 1945 to ---------- 19--; that I last saw him alive on Feb. 26, 1945 19--; and that death occurred on the date and hour stated above.
Dead on arrival

Immediate cause of death Slashed arms — Duration
Due to self inflicted
Due to
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 statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence ----
(c) Where did injury occur? K-Hall, Cell 175, Prison, Jefferson City, Cole Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In K-Hall, Cell 175, Prison (Specify type of place)
While at work? no (e) Means of injury sharp instrument
23. Signature HUGH W. MAXEY M.D. (M. D. or other)
Address Physician, Jefferson City, Mo. Date signed 2-26-45

874 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-14-45

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 Thomas J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.