

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6816**
Registrar's No.

FILED MAR 12 1945
Registration District No. **269**

Primary Registration District No. **5906**

1. PLACE OF DEATH:

(a) County Camisat
(b) City or town rural Holland miss
(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 none
(Specify whether
In this community 2 wk
years, months or days)

3. (a) PRINT FULL NAME

Peggy Jean Lambert
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov 24 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 11 — hr. — min.

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

10. Usual occupation Child

11. Industry or business

12. Name H. M. Lambert
13. Birthplace Burnsville Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Gray
15. Birthplace Burnsville Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant H. M. Lambert
(b) Address St. 1, Steubenville

17. (a) Burial (b) Date thereof 2-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Zion Cem.

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address St. Louis

19. (a) 3-6-45 (b) C. C. Limbaugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camisat
(c) City or town rural Holland miss
(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 Feb day 4
year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 1
1945 to Feb 3 1945
that I last saw her alive on Feb 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy 107

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) (c) Means of injury

23. Signature W. Chapman (M. D. or other)
Address St. Louis Date signed 2/10/45

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

2-45-48

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.....

was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.