U. S. No. 2
90M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16754

Registration District No. 99 | Primary Registration District No. 4169 | Registrar's No. 28

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Osborn
(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
In this community 35 yr,s (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Osborn
(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

3. (a) PRINT FULL NAME Erskine Michael Lord.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lord
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. (Month) 17 (Day) 1886 (Year)

8. AGE: Years 58 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Lathrop (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Newpaper Editor
11. Industry or business

FATHER
12. Name Nimrod Lord
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sophia Wearingh
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Byron F. Lord
(b) Address Maysville Mo.
17. (a) (Burial, cremation, or removal), (b) Date thereof May 5. 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery Osborn Mo
18. (a) Signature of funeral director
(b) Address Stewartsville Mo/
19. (a) May 6th 1945 (Date received local registrar) (b) John Clone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3. year 1945 hour minute M.
21. I hereby certify that I attended the deceased from May 3 1945 to May 3 1945 that I last saw him alive on May 3 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration
Due to
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. S. Gale (M. D. or other)
Address Osborn Mo Date signed 5/17/45

1378 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.