

FILED SEP 10 1946

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **116**

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Webb City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
713 North Hall St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Years**
 (Specify whether years, months or days)
 In this community **7 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Webb City, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **713 North Hall St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Minnie Lavine LAMEY**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Robert LAMEY** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **April 27 1887**
 (Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **8**
 If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **T.W. Spencer**

13. Birthplace **Unknown Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Anna Lavever**

15. Birthplace **Jasper County Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Robert LAMEY**

(b) Address **Webb City, Mo.**

17. (a) **Burial** (b) Date thereof **8-7-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (c) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **AUG-7-46** (b) **H. C. Crutcher**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5th.**
 year **1946** hour **3** minute **05** A.M.

21. I hereby certify that I attended the deceased from **July 29** to **July 31** 19**46**
 that I last saw **her** alive on **Aug. 3, 1946**
 and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral hemorrhage**
 Duration _____

Due to **Hypertension**
 Due to _____

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

Major findings: Of operations **g30**
 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? _____

While at work _____ (Specify type of place) Means of injury _____
 23. Signature **William H. Tarbeam** Date signed **8/7/46**
 Address **2104 Madison** Date signed **8/7/46**

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

MOTHER FATHER

137

(Licensed Embalmer's Statement on Reverse Side)

Webb City, Mo.

46-8-684

SEP 11 1949

SEP 12 1949

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.....
Geo. C. Pugh

Licensed Embalmer No. *4234*

P. O. Address *Carthage, 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.