. No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1946

Registration District No. 294

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 305-6

State File No. 38005

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 412 E. Rollins /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 412 E. Rollins
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Edgmon

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 6th 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Joseph T. Lambert
13. Birthplace (City, town, or county) Mo (State or foreign country) U

MOTHER
14. Maiden name Lydia Frear
15. Birthplace (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Mrs Ernest Lotter
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Mo

18. (a) Signature of funeral director Mallian & Son
(b) Address Moberly Mo

19. (a) Nov 18-46 (Date received local registrar) (b) Leah Wadden Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 9 1944 to Nov. 15 1946 that I last saw her alive on Nov. 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — 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 A H Williams (M. D. ~~or other~~)

Address Moberly Mo Date signed 11-15-46

(Licensed Embalmer's Statement on Reverse Side)

269

APR 30 1952

RECEIVED
District Health Officer No. 10
District File Number 10-46-2131
Filed NOV-25-1946

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 Frank D. Hett

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.