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FILED JAN 20 1947

Registration District No. **318**

Primary Registration District No. **6075**

Registrar's No. **424**

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 9 das.
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps **94**

(c) City or town Rolla County Farm
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LAMBETH

3. (b) If veteran name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 27
year 1946 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from
Sept. 18, 1946, to Nov. 27, 1946,
that I last saw h. im alive on Nov. 27, 1946,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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 March 29, 1879
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to _____

Due to Myocardial deficiency **20 yrs.**

Other conditions Myocardium with
(Include pregnancy within 3 months of death) **930**

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

Major findings:
Of operations _____

680 gm. heart enlarged moderately
Of autopsy: Ventricular wall thickened
thickness 0.5 cm. R. Vent wall 0.6 cm

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Pulaski County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name L. P. Lambeth

13. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Thompson

15. Birthplace Pulaski County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Removal (b) Date thereof 12-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation To Washington University, St. Louis, Mo.

18. (a) Signature of funeral director By C. H. Cozean
Farmington, Missouri

(b) Address _____

19. (a) 1-6-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

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? Mo.

While at work? _____ (Specify type of place) (e) Means of injury ()

23. Signature James Stoen (M. D. or other) _____

Address Farmington - 710 Date signed 1/4/46

289 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 147-95
Date Filed 1-15-47

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.....

Licensed Embalmer No. 4084

P. O. Address.....
Springer

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.