

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5750

State File No. _____

Registration District No. 278

Primary Registration District No. 5954

Registrar's No. 5

1. PLACE OF DEATH:
 (a) County PIKE
 (b) City or town RURAL "PENO"
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution NEAR HAW CREEK SCHOOL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution LIFETIME
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PIKE 82
 (c) City or town RURAL FRANKFORD 0
(If outside city or town limits, write "RURAL")
 (d) Street No. NEAR HAW CREEK SCHOOL 0
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR LAMBERSON
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEBRUARY day 17
 year 1947 hour 2 minute 10 P.M.

4. Sex MALE 0 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife PEARL LAMBERSON
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased MAY 29 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 7
1947, to Feb. 17, 1947;
 that I last saw him alive on Feb. 17, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 8 Days 18
 If less than one day hr. _____ min. _____

Immediate cause of death Coronary Heart Failure Duration 9 Months

9. Birthplace: PIKE CO. MISSOURI
(City, town or county) (State or foreign country)

Due to Influenza

10. Usual occupation: FARMER

Due to Worry

11. Industry or business: FARMING

Other conditions 23 B
(Include pregnancy within 3 months of death)

12. Name: TIMOTHY LAMBERSON

Major findings: Of operations _____

13. Birthplace: PIKE CO. MISSOURI
(City, town or county) (State or foreign country)

Of autopsy _____

14. Maiden name: ELIZABETH MEFFORD

PHYSICIAN

 Underline the cause to which death should be charged statistically.

15. Birthplace: PIKE CO. MISSOURI
(City, town or county) (State or foreign country)

16. (a) Informant: MRS. ARTHUR LAMBERSON

(b) Address: FRANKFORD MISSOURI

17. (a) BURIAL (b) Date thereof 2/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD MISSOURI
GARNER & STERNE

18. (a) Signature of funeral director: LOUISIANA MISSOURI

(b) Address: 2-19-47 (c) Bernice Collier
(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?
 While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature: E. P. Hansen (M. D. or other) DO.

Address: Frankford, Mo. **Date signed:** 2/12/47

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

314

RECEIVED
District Health Officer No. 10
District No. 41-474
Date Filed - MAR-1-1-1947

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.....

..... *Virginia M. Sterne*, Registered Apprentice No. *491*,
working under my personal supervision.

Signed *J. B. Sterne*,
Licensed Embalmer No. *4039*
P. O. Address *Louisiana, 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.