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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1947

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4388

State File No. 10191

Registrar's No. 3

1. PLACE OF DEATH:

(a) County: Osage
(b) City or town: Chamois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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: 79

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Osage 76
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Aud, Missouri 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Nicholas G. Lamb

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

4. Sex: M 0 5. Color or race: W 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Josephine 6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: April (Month) 20 (Day) 1867 (Year)

8. AGE: Years 79 Months 10 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Aud, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER
12. Name: Owen Lamb
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Coughlin
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Lamb
(b) Address: Aud, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bayless Creek Ceme.

18. (a) Signature of funeral director: Clyde Morton
(b) Address: Linn, Mo.

19. (a) 3-22-47 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/19 day ____ year 47 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from 3/18 19 47 to 3/19 19 47 that I last saw him alive on 3/19 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure — Duration: ____
Due to: Hypertrophy & dilitation — Duration: ____
Due to: ____ — Duration: ____
Other conditions: Bronchopneumonia — Duration: ____
(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: J. E. Coffen D.O. (M.D. or other)
Address: Chamois Date signed: 3-19-47

234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/42

APR 29 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.