S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 16335

Registrar's No. 132

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hosp
(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 Mo (b) County Adair
(c) City or town Gibbs
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Ann Lumsden
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James A Lumsden
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 1 (Month) — 19 (Day) 1884 (Year)

8. AGE: Years 63 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer's Wife
11. Industry or business

MOTHER FATHER
12. Name Daniel T Ransom
13. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Frances M Morgan
15. Birthplace Scottsville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Jack Ransom
(b) Address Milan Mo
17. (a) S-Burial (Burial, cremation, or removal) (b) Date thereof 5-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Milan Mo
18. (a) Signature of funeral director Schoenz
(b) Address Milan Mo
19. (a) 6-2-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 10 minute 05 P.M.
21. I hereby certify that I attended the deceased from April 21, 1947, to May 15, 1947, that I last saw her alive on May 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hepatitis
Due to Cholelithiasis
Due to
Other conditions Poorly compensated heart lesion
(Include pregnancy within 3 months of death)
with little or no reserve —
Major findings: Of operations Gall bladder contained stones
large stone - chronic hepatitis
Of autopsy

Duration

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) (e) Means of injury

23. Signature Earl Laughlin M.D. (~~M.D.~~ or other) DO
Address Kirksville, Mo Date signed 5/22/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-669
Date Filed JUN 9 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 Dwight Rehoeme

Licensed Embalmer No. 2667

P. O. Address Milan 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.