

FILED MAY 16 1947

Registration District No. **186**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin, Mo.**
(c) Name of hospital or institution **DePaul 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **McDonald**
(c) City or town **Pineville**
(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 **Waldo Jackson Lamb**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
22. DATE OF DEATH: Month **Feb** day **23rd**
year **1947** hour **10** minute **30 a.**
21. I hereby certify that I attended the deceased from **Feb 5**, 19**47**, to **Feb 22**, 19**47**;
that I last saw h. **IM** alive on **Feb. 22**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M /**
6. (b) Name of husband or wife **Margaret Lamb** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **May 18th 1911**
(Month) (Day) (Year)

Immediate cause of death **Cirrhosis of liver**
ac. Nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **24 B**
Of autopsy _____

8. AGE: Years **35** Months **9** Days **5** If less than one day _____ hr. _____ min.
9. Birthplace **Pineville, Mo.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Laborer**
11. Industry or business **Same**
12. Name **Julian Lamb**
13. Birthplace **Shershe, Kans.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Youngblood**
15. Birthplace **Deerfield, Mo.**
(City, town, or county) (State or foreign country)

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 **LI**
23. Signature **Dr. Bejice** (M.D. or other) _____
Address **Pineville, Mo.** Date signed **3/3/47**

16. (a) Informant **Barian J. Lamb**
(b) Address **Pineville, Missouri**
17. (a) **Burial** (b) Date thereof **2-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pineville, Mo.**
18. (a) Signature of funeral director **R. M. Humphrey**
(b) Address **Pineville, Mo.**
19. (a) **3/19/47** (b) **Waldo Jackson Lamb**
(If no local registrar) (Registrar's signature)

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

0. 2
7. 39
15. 15
15. 15
15. 15

47-5-366

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 *Mayne E. Humphreys*

Licensed Embalmer No. *4262*

P. O. Address *Paisville, N.H.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. _____

Registration District No. 156

Primary Registration District No. 204

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Waldo J Lamb

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M
5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 18
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county)

_____ (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county)

_____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county)

_____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-19-47 (b) Delores Lampkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

17811