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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Alfred Rammann
State File No. 23773
Registrar's No. 105

FILED AUG 8 1947

Registration District No. 82

Primary Registration District No. 5310

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Lamine
(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 3 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cordia E. Lynn

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife K. T. Lynn 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 5 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 29 hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name F. M. Hughes

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Abbeba Mc. Gabe

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Lynn

(b) Address Boonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Goodman Deller

(b) Address Boonville Mo.

19. (a) 7-5-47 (Date received local registrar) (b) [Signature] (Registrar's signature) 291

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper 27
(c) City or town Lamine Twp Rural 20
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 17
(e) Citizen of foreign country? no (Yes or No) 3
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1947 hour _____ minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept 30 1947 to July 8 1947 that I last saw her alive on July 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of R. breast Duration 4 years
Due to Carcinoma of R. breast

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Amputation R. breast 4 years ago.
Of autopsy none

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 0

23. Signature Alfred Rammann (M. D. or other) Address _____ Date signed July 5 1947

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-7-47

8 1200
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 _____

William Willis Wood, Registered Apprentice No. 480
working under my personal supervision.

Signed JH Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville 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.