

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24742

Registration District No. 183

Primary Registration District No. 5683

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Dona Lambert

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

4. Sex fe / 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife B. J. Lambert 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb. 22 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 17 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Andrew J. Cotter
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Nancy Ellen Pipes
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant B. J. Lambert

(b) Address Browning, Mo.

17. (a) Burial (b) Date thereof 7-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins

18. (a) Signature of funeral director Wade Funeral Home

(b) Address Browning

19. (a) July 15, 47 (b) Elva Crookshanks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Rural
(If outside city or town limits, write "RURAL")
Browning, Mo.
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 15, 1947 to July 4, 1947
that I last saw him alive on June 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 weeks

Due to _____

Due to _____

Other conditions arteriosclerosis hypertension (Include pregnancy within 3 months of death)

Major findings: 83 P
Of operations _____

Of autopsy _____

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 J. R. M. Carter (M. D. or other) _____
Address Browning, Mo. Date signed _____

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Gerald T. Wade

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.