

FILED SEP 16 1947

State File No. ....

Registration District No. 303

Primary Registration District No. 3039

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Rinn  
(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether  
In this community 25 years  
years, months or days)

3. (a) PRINT FULL NAME Ella Agnes Lambert

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 divorced  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 10 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 4 6 hr. min.

9. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Cook

11. Industry or business.....

12. Name William Fuller

13. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Phillips

15. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Marceline Riley

(b) Address Marceline Mo.

17. (a) Burial (b) Date thereof Aug 18 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olivet

18. (a) Signature of funeral director James M. Laughlin

(b) Address Marceline Mo.

19. (a) 8-19-1947 (b) St Francis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Rinn 58  
(c) City or town Marceline Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 318 E. Palce  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1947 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from August 4, 1947 to August 16, 1947  
that I last saw ER alive on August 16, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation  
(cancer) Duration 3 min.  
Due to Carcinoma of ovary, right. 50 years  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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.....

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) (e) Means of injury.....

23. Signature B B Hurst (M. D. or other).....

Address Marceline Mo. Date signed 8-18-47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

OCT 10 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.....

Silbman Keith Tillotson, Registered Apprentice No. 438,  
working under my personal supervision.

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marionette 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.