

FILED NOV 4 1947

Registration District No. 294

Primary Registration District No. 6006

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Rural Cairo township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None Cairo Mo. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)  
In this community 88 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88  
(c) City or town Rural Cairo, township C  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #3 Cairo, Mo. (If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma. H. Lambirth

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Joe B. Lambirth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 2 1859  
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Matt Pierce  
13. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dulcena Johnson  
15. Birthplace Randolph Cty. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arthur Ridgway  
(b) Address Cairo, Mo.

17. (a) Burial (b) Date thereof Oct 29 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Oakland City

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

(b) Address 215 So 4th Moberly Mo.

19. (a) Oct 29 - 47 (b) Leah Williams-Lowe  
(Date received local registry) (Registrar's signature) 710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27<sup>th</sup>  
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to May 17 1947  
that I last saw her alive on MAY 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility.

Due to \_\_\_\_\_

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 \_\_\_\_\_

(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 John S. Hydock (M. D. or other) DO

Address Cairo Date signed 10-29-47

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

DEC 5 1947

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-14  
Date Filed NOV - 3 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.....

*C. L. Fulton*

....., Registered Apprentice No. 10

working under my personal supervision.

Signed *R. M. Cater*

Licensed Embalmer No. 4117

P. O. Address *Moberly 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.