

U.S. No. 2  
 Form 5-43  
 Rev. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **37007**  
 Registrar's No. **87**

Registration District No. **27** Primary Registration District No. **3005**

1. PLACE OF DEATH:  
 (a) County **Bates**  
 (b) City or town **Butler**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Butler Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Week**  
(Specify whether years, months or days)  
 In this community **23 Years**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Bates**  
 (c) City or town **Butler**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **300 West Pine St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **ORIN W. LAMB**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Hattie Lamb** 6. (c) Age of husband or wife if alive **84** years  
 7. Birth date of deceased **April 28 1872**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Burlington, Kansas** 1  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired Advertising**

11. Industry or business \_\_\_\_\_  
 12. Name **No Record**  
 13. Birthplace **No Record**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **No Record**  
 15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Hattie Lamb**  
 (b) Address **Butler, Missouri**  
 17. (a) **Burial** (b) Date thereof **10-8-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Greenlawn Cem. Rich Hill**  
 18. (a) Signature of funeral director **Booth Funeral Home**  
 (b) Address **Butler Missouri**  
 19. (a) **Oct. 8-1947** (b) *Merle H. Kuss*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **October** Day **6**  
 year **1947** hour **2:30** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **July 17**  
 \_\_\_\_\_, 19**47**, to **Oct. 6**, 19**47**  
 that I last saw him alive on **Oct. 6**, 19**47**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Arenia**

Due to **Pulmonary Tuberculosis**  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 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?  
**Hill**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**  
 23. Signature **E. E. Robinson** (M. D. or other) **0**  
 Address **Adrian, Mo** Date signed **10-8-47**

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 7  
10-27-1326  
District No. 11-12-47  
Date Filed

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.....

Kenneth D. Root, Registered Apprentice No. 471,  
working under my personal supervision.

Signed John G. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler, Missouri

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.