7. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1481

FILED JAN 26 1948

Registration District No. 137 — Primary Registration District No. 3028 — Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 415 Poplar St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 415 Poplar St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: SARAH ELIZABETH LAMBURTH
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: James Lamburth
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: April (Month) 28 (Day) 1858 (Year)

8. AGE: Years 89 | Months 8 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Summerhill (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: retired housewife
11. Industry or business: at home
MOTHER FATHER
12. Name: Jasper Brokaw
13. Birthplace: Pike County (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Amelia Moran
15. Birthplace: Rockport (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mrs. Belle Chinn
(b) Address: 415 Poplar, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri.
19. (a) 1-13-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1948 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from Feb 1, 1947, to Jan 11, 1948 that I last saw her alive on Jan 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic interstitial	10 yrs
Due to:	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed: Jan 12 '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

48-1-18

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.