

No. 2  
-12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8313

FILED MAR 23 1948

State File No. \_\_\_\_\_

Registration District No. 49

Primary Registration District No. 5376

Registrar's No. 17

1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town RURAL GRAND RIVER  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 18 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County De Kalb  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH LAPWORTH

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 Widow  
6. (b) Name of husband or wife James R. Lapworth  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 17 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer-wife

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

12. Name Robert Kirkwood  
13. Birthplace Hampshire Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Muir  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. J. Butler  
(b) Address Cameron Rfd. 5

17. (a) Rampola (b) Date thereof 2-27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crescent, Iowa

18. (a) Signature of funeral director DeMass CRVAK  
(b) Address Cameron, Mo

19. (a) Feb. 20, 1948 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25  
year 1948 hour 12 minute 08 A.M.  
21. I hereby certify that I attended the deceased from 2-15-48  
\_\_\_\_\_, 19\_\_\_\_, to 2-25, 1948  
that I last saw her alive on 2-22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease  
Due to Generalized arteriosclerosis

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 8

23. Signature Earl James (M. D. or other) \_\_\_\_\_  
Address Cameron, Mo Date signed 2-25-48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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.....

*Harold L Walker*....., Registered Apprentice No. *21*  
working under my personal supervision.

Signed *Le Moss Gunk*.....

Licensed Embalmer No. *2533*

P. O. Address *Cameron 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: