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

National Office of Vital Statistics
FILED MAR 23 1948

STANDARD CERTIFICATE OF DEATH

State File No. 9306

Registration District No. 194 — Primary Registration District No. 3038 — Registrar's No. 15

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 114 E Wood (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 114 E. Wood St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME LORA JANE LA MANCE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Rm N. Lamance
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Dec — (Month) 9 — (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Hamilton Co (City, town, or county) Ill (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frank Marsh
13. Birthplace D.K. (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Susan Edington
15. Birthplace D.K. (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Dr Am La Mance
(b) Address Brookfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) 3-11-48 (Date received local registrar) (b) Walter B Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5 year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3-5, 1948, to 3-5, 1948, that I last saw her alive on 3-5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion c infarct	30 min
Due to: Chronic Myocarditis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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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 2

23. Signature C C Enoch DO (M. D. or other)
Address Brookfield Mo Date signed 3/8/48

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

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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed J. R. Blackbock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.