

FILED MAR 24 1948  
Registration District No. 284

Primary Registration District No. 4439

Registrar's No. 89

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

008

1. PLACE OF DEATH:

(a) County RANDOLPH

(b) City or town CLARK  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: L 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 48 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RANDOLPH

(c) City or town CLARK 88  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) C

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME ALMIRA LAMB

3. (b) If veteran, name war L

3. (c) Social Security No. L 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1948 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from 1948 19\_\_\_\_; to 17 Mar 48 19\_\_\_\_; that I last saw her alive on 7 Mar 48 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife A. J. LAMB - DECEASED

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: JULY 8 - 1862  
(Month) (Day) (Year)

Immediate cause of death: Due to natural causes

Due to Arteriosclerosis 5yr

Due to Arthritis 20yr

8. AGE: Years 86 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: GREENSBURG IND 1  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name HIRAM TIERMINE

13. Birthplace Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

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 L

16. (a) Informant Walter Lamb

(b) Address Clark Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon Mo

19. (a) Mar 19-48 (Date received local registrar) (b) Reah Williams Love (Registrar's signature) St. U

23. Signature O. Carroll P (M. D. or other) 100

Address Sturgeon Mo Date signed 17 Mar 48

RECEIVED  
District Health Officer No. 10  
District File Number 248536  
Date Filed MAR 22 1948

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..... *R. E. Boothe* .....

Licensed Embalmer No. 4087

P. O. Address. Sturgeon 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.