No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 3 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 11586

Registrar's No. 466

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph 6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. M.E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 716 N 23 St 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Edna Marie Lamar

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: O. S. Lamar

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Jan (Month) 21 (Day) 1894 (Year)

8. AGE: Years 54 ✓ | Months 3 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace: Andrew Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Samuel Cline
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name: Flora Colvin
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant: O. S. Lamar
(b) Address: 716 N 23 St St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Savannah

18. (a) Signature of funeral director: E. L. Breit
(b) Address: Savannah Mo

19. (a) April 26 1948 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
year 1948 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from Apr 23, 1948 to Apr 25, 1948
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Heart Failure | 2 days |
| Due to: Hypertension | ? |
| Due to: Chronic Tuberculosis | 15 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 13 B | |
| Of autopsy: | |

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: G. D. Brown (M. D. or other) M.D.
Address: St Joseph Mo Date signed: 4-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.