

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10319
Do not use this space.

1. PLACE OF DEATH
(a) County Camden Registration District No. 117
(b) Township Deers Primary Registration District No. 5167
(c) City or Camdenton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Elizabeth Lumper
(a) Residence, No. Camdenton, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Lumper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 5 - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo
13. NAME Peter Lousley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bullitt Co. Ky
15. MAIDEN NAME Elizabeth Bond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo
17. INFORMANT Tom Lousley (ADDRESS) Camdenton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Linn Creek DATE Mar. 10, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Banksen-Woolery Camdenton, Mo
20. FILED Apr 10, 1939 Lizzie Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-11 1939, to 3-8 1939
I last saw her alive on 3-7 1939 Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:
Myocardial failure
Other contributory causes of importance: Heban pneumonia
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. D. Atterberry M.D.
(Address) Camdenton, Mo

RECEIVED
District Health Officer No: 7,
District File Number 7-39-523
Date Filed 4-12-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.