

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.

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 49

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 60 yrs
 years, months or days

8. (a) PRINT FULL NAME Roberta Whitfield Lams 52
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ben J. Lams 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Aug 19 - 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

MOTHER FATHER
 11. Industry or business _____
 12. Name Wm. Whitfield
 13. Birthplace Unknown N. C.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Holt
 15. Birthplace Wartrace Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. L. Cobbs
 (b) Address Warrensburg

17. (a) Burial (b) Date thereof Apr. 3 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Lawrence Phillip
 (b) Address Warrensburg Mo

19. (a) April 3 - 40 (b) Erva Gentry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
 year 1940 hour 4:10 minute _____ A. M.
 21. I hereby certify that I attended the deceased from 1936
 _____, 19____, to 4-2- _____, 1940
 that I last saw h alive on 4-1-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration ?
 Due to _____
 Due to _____ 4b

Other conditions _____ (include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to 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? 301
 _____ (Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address Warrensburg Mo Date signed _____

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-9-40

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.....

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

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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, above space should be left blank.