

S. No. 2  
M-8-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 6 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

cert 2 copies 41092  
State File No. \_\_\_\_\_

Registration District No. 282

Primary Registration District No. 5982

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Lack - Mooney Twp

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

(c) Name of hospital or institution: 6 mi S.W. of Red Tap  
(If not in hospital or institution, write street number or location)

(d) Length of stay: Life  
In hospital or institution (Specify whether years, months or days)

In this community: \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lack

(c) City or town Red Tap  
(If outside city or town limits, write "RURAL")

(d) Street No. 6 mi S.W. of Red Tap  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Lillie Bell Cobb

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1948 hour 10:30 minute p. M.

21. I hereby certify that I attended the deceased from Dec 15 1948 to Dec 15 1948  
that I last saw her alive on Dec 15 1948  
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. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased: July (Month) 17 (Day) 1897 (Year)

Immediate cause of death: Lobar pneumonia Duration 3.6 hours

8. AGE: Years 71 Months 4 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeper

12. Name William Beuland

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

14. Maiden name Marian M. William

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

16. (a) Informant Mrs Hazel Bulmer

(b) Address Red Tap, Mo

17. (a) Burial (b) Date thereof: Dec - 17 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Spring Cemetery

18. (a) Signature of funeral director Walter O. Cerum

(b) Address Red Tap, Mo

19. (a) Dec 29, 1948 (b) Walter O. Cerum  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

Of autopsy 108

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) \_\_\_\_\_

(c) Means of injury \_\_\_\_\_

23. Signature Wayne Gomer (M. D. or other) Do.

Address Fair Grove, Mo Date signed Dec 22, 48

(Licensed Embalmer's Statement on Reverse Side)

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

Kemperman  
Law through

H.W. Jagers  
Kemperman

H.W. Jagers

RECEIVED

District Health Officer No. 7;

District File Number 42-48-1540

Date Filed 1-5-49

JAN 7 1949

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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

*William B. Erwin*

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.**