

S. No. 2  
M-5-43  
5-17-39  
I X36871

FILED OCT 22 1947

State File No. \_\_\_\_\_  
Registrar's No. 101

Registration District No. 297

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
R.F.D. #1 3 miles W. Marking - Robinson  
(If not in hospital or institution, write street number or location)

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

In this community 77 y 11 m 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No 3 miles W. Marking 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME RUFUS MARION LAMAR

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept 25 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 11 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Wash. L. Lavin 1

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

14. Maiden name Maudie L. Lavin

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

16. (a) Informant John Lavin

(b) Address Rayville R.F.D. #1

17. (a) Burial (b) Date thereof 9/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marking, Kentucky

18. (a) Signature of funeral director Richmond

(b) Address Richmond

19. (a) Sept 29 - 1947 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1947 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 6days

Due to Gun shot wound of chest self inflicted 10 day

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

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

1640

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) Suicide

(b) Date of occurrence 9-9-47

(c) Where did injury occur? Rayville Ray Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No (Specify type of place) (e) Means of injury Gunshot

23. Signature John Lavin (M. D. or other) \_\_\_\_\_

Address Richmond, Mo. Date signed 9-29-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-20-47

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.....

*George H. Hill*

Licensed Embalmer No. *4466*

P. O. Address *Richmond, Va.*

**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.**