

REC'D MAY 20 1938

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

14936

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. 2306 Maiden Lane 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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Edward Lamb

(a) Residence, No. 2306 Maiden Lane 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Lamb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1879

7. AGE YEARS 59 MONTHS 1 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. P.W.A.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Lowell  
(STATE OR COUNTRY) KansasFATHER 13. NAME John Lamb14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Rachael Gordon16. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)17. INFORMANT Rosa Lamb  
(ADDRESS) Joplin Mo.18. ~~PLACE OF CREMATION OR REMOVAL~~ Kay  
PLACE Dak Hill Cemetery DATE April 15, 3819. FUNERAL DIRECTOR Lanphen Mortuary  
(ADDRESS) Joplin Mo.20. FILED 4-14 1938 Ed D. Janna  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 193822. I HEREBY CERTIFY, That I attended deceased from March 27, 1938 to April 13, 1938I last saw him alive on April 13, 1938 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Stomachitis -  
resulting with  
myocardial  
Degeneration

Date of onset March 27

Other contributory causes of importance:

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? No.

If so, specify \_\_\_\_\_

(Signed) J. Lanphen M.D.372 (Address) Joplin Mo.

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. M. Jones  
..... L. E. ....  
No. 2319 ..... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen E. Lanpher  
Licensed Embalmer No. 3574

**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.)**