

NOV 21 1938 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

34575  
 Do not use this space.

Registered No. 3911

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 299  
 (b) Township Kear Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Memorial Hospital 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. of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Dr. Leland Lamb  
 (a) Residence, No. Clinton Okla. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Margaret W Lamb  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1901  
 7. AGE YEARS 37 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Doctor  
 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  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
 FATHER 13. NAME Ellis Lamb  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
 MOTHER 15. MAIDEN NAME Viola Newberry  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
 17. INFORMANT Dr. Ellis Lamb (ADDRESS) Clinton Okla.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Okla. DATE Oct 7 1938  
 19. FUNERAL DIRECTOR (NAME) W. H. Newcome's Sons (ADDRESS) Brush Creek & Pass  
 20. FILED Oct 7 1938 Dr. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1938, to Oct. 7, 1938  
 I last saw him alive on Oct. 7, 1938 Death is said to have occurred on the date stated above, at 5:55 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Rheumatic heart disease with auricular flutter  
95 C  
 Date of onset  
 Other contributory causes of importance:  
Acute heart failure  
 Name of operation None 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? No. 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. No.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Louis Kirk M.D. (Address) 1440 Professional Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT SIGN unless you are a physician. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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. 3976

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.**

*Handwritten:*  
3-5-7