

DECEMBER 27 1938

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

44740
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 2 Registration District No. 875-
(b) Township Center Primary Registration District No. 3039 Registered No. 298
(c) City Nevada 1 (d) Street No. 719 E. Allison 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 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

516 Rosa Belle Lambert
(a) Residence, No. 719 E. Allison 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H Lambert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Metz, Missouri

FATHER 13. NAME William Henry Taft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

MOTHER 15. MAIDEN NAME Amanda Elizabeth Chase
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rinehart, Missouri

17. INFORMANT (ADDRESS) William H. Lambert Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Morse Cemetery DATE Nov 28, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED Dec. 3, 1938 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1938 to November 25, 1938
I last saw her alive on November 25, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Collapse

11/26

Other contributory causes of importance: Asthma with cough

Name of operation none Date of Chromal
What test confirmed diagnosis? Chromal Was there an autopsy?

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?
If so, specify

(Signed) H. E. O'Neal, M. D.
725 (Address) Nevada, Mo.

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.

RECEIVED
District Health Officer No. 7
District File Number 7-39-132
Date Filed 1-13-39

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, Personally, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Merada, 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.