

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

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.

Registration District No. 399 Primary Registration District No. 100

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Missouri  
(c) Name of hospital or institution: 6635 Edgevale Road  
(d) Length of stay: In hospital or institution 60 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 6635 Edgevale Road  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mrs. Julia A. Lamb  
(b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day Oct.  
year 6 hour 2 minute 0 M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Fred A. Lamb Sr.  
6. (c) Age of husband or wife if alive no years  
7. Birth date of deceased Feb. 14, 1847

21. I hereby certify that I attended the deceased from 1 1936 to Oct 1 1939;  
that I last saw her alive on Sept 30 1939;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchial pneumonia

8. AGE: Years 92 Months 7 Days 17 If less than one day hr. min.

Due to 1070

9. Birthplace Lancaster Ohio

10. Usual occupation At Home

11. Industry or business no

MOTHER FATHER  
12. Name William Pringle  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

Other conditions Blind from cataracts  
(Include pregnancy within 3 months of death)  
deaf, smile  
Major findings: none  
Of operations none  
Of autopsy none  
PHYSICIAN —  
Underline the cause to which death should be charged etiologically.

16. (a) Informant's own signature L. H. Lawrence  
(b) Address 6635 Edgevale Road K.C. Mo.

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

17. (a) Burial (b) Date thereof 10-3-39  
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri

While at work? — (Specify type of place) (e) Means of injury —  
23. Signature E. W. Blushard (M. D. or other) !  
Address 806 Pratt Bldg K.C. Mo Date signed 10-2-39

19. (a) Oct 2/39 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**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 Clarence W. Childs

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address Keeno

**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.**