

FILED MAR 5 - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7797
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 695
 (b) Township Parkville Primary Registration District No. 4417
 (c) City Parkville (d) Street No. Park College
 (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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

516 Hugh Wade Lambert Jr.
 (a) Residence, No. Parkville mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August 4, 1920
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1920
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
19 6 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Louisberg
 (STATE OR COUNTRY) Kansas

13. NAME Hugh Wade Lambert Jr.

14. BIRTHPLACE (CITY OR TOWN) Norton
 (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Blanch M. Middleton

16. BIRTHPLACE (CITY OR TOWN) Lansing
 (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Hugh Wade Lambert
St. C. mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Albion Kansas DATE 2-9 1940

19. FUNERAL DIRECTOR (NAME) L. H. Francis
 (ADDRESS) Parkville mo

20. FILED 2-26 1940 S. P. Ford
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1940

22. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said
 to have occurred on the date stated above, at 12¹⁵ A. m.

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

Suicide By Taking Potassium cyanide
 Date of onset

Other contributory causes of importance: 167

Name of operation Date of
 What test confirmed diagnosis Intoxication Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb 7, 1940

Where did injury occur? Parkville Missouri
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In Dormitory Park College

Nature of injury By taking Potassium of mouth

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Waul, Jr. Acting Registrar

(Address) Parkville Missouri

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 MARGIN RESERVED FOR BINDING

FORM-12-38
 1 X 14028

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.

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

PLACE OF DEATH

(a) County
(b) Township

Registration District No.

Primary Registration District No.

(b) Sex of Decedent

(c) Age of Decedent

(d) Date of Death

(e) Cause of Death

(f) Place of Death

(g) Signature of Registrar

(h) Signature of Physician

(i) Signature of Coroner

(j) Signature of Burial Officer

(k) Signature of Undertaker

(l) Signature of Embalmer

(m) Signature of Witness

(n) Signature of Burial Officer

(o) Signature of Undertaker

(p) Signature of Embalmer

(q) Signature of Witness

(r) Signature of Burial Officer

(s) Signature of Undertaker

(t) Signature of Embalmer

(u) Signature of Witness

(v) Signature of Burial Officer

(w) Signature of Undertaker

(x) Signature of Embalmer

(y) Signature of Witness

(z) Signature of Burial Officer

(aa) Signature of Undertaker

(ab) Signature of Embalmer

(ac) Signature of Witness

(ad) Signature of Burial Officer

(ae) Signature of Undertaker

(af) Signature of Embalmer

(ag) Signature of Witness

(ah) Signature of Burial Officer

(ai) Signature of Undertaker

(aj) Signature of Embalmer

(ak) Signature of Witness

(al) Signature of Burial Officer

RECEIVED

District Health Officer No. 111

District File Number

Date Filed MAR 4 1940

MEDICAL CERTIFICATE OF DEATH

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,

B. J. Lewin

or by

Registered Apprentice No. ~~4340~~, working under my personal supervision.

Signed

B. J. Lewin

Licensed Embalmer No. 4340

P. O. Address KC 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.