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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
SEP 5 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27764  
State File No. 3398  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1746 Jarboe 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1746 Jarboe (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Anna Lamb 510

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Lamb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 7 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 19 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Vicksburg Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business \_\_\_\_\_

12. Name Jas. H. Gibson

13. Birthplace Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Coleman

15. Birthplace Edwards Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rowe

(b) Address 1750 Jarboe

17. (a) removal (b) Date thereof 8-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vicksburg, Miss.

18. (a) Signature of funeral director Hatkins Bros.  
(b) Address 1729 Lydia

19. (a) Aug. 29, 1940 (b) Mo. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25  
year 1940 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 27  
1940 to Aug 25 1940  
that I last saw her alive on Aug 25 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Cerebral Hemorrhage 2 mo

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 1

23. Signature Elizabeth Rowe (M. D. or other)  
Address 1750 Jarboe Date signed Aug 28 1940

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

MOTHER FATHER

Albertson

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**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.....

*Jerome Maula*  
.....  
Licensed Embalmer No. *3994*

P. O. Address *11206. 23rd*

**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, fact should be so stated above.**