

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27865**

Registration District No. **46**

Primary Registration District No. **111**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Nashville Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **28 years**
(Specify whether years, months or days)
In this community **511**

3. (a) PRINT

FULL NAME **Edward Lawrence Lambert**

3. (b) If veteran,

name war **None**

3. (c) Social Security

No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife

Anna B. Lambert

6. (c) Age of husband or wife if

alive **years**

7. Birth date of deceased

July 30 1866

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73 11 18

hr. min.

9. Birthplace

Littleton

(City, town, or county)

State Ill.

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name **William Lambert**

13. Birthplace **Lixington, Kentucky**

(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Rose**

15. Birthplace **Littleton, Ill.**

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Islandia Lambert

(b) Address

Lamar, Mo.

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof

July 21 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Lake Cemetery

18. (a) Signature of funeral director

Konantz Funeral Home

(b) Address

Lamar, Missouri.

19. (a) **July 9-40**

(Date received local registrar)

(b) **Gladys Overman Smith**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Barton**

(c) City or town **Jasper RFD #3**

(If outside city or town limits, write "RURAL")

(d) Street No. **Jasper RFD #3**

(If rural, give location)

(e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**

year **1940**

hour

minute

M.

21. I hereby certify that I attended the deceased from

19 **1940**, to **1940**

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Due to **was found dead**

in the field about

Due to 11 Aug 7 had probably

been dead 2 or 3 hours

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

23. Signature **G. E. Overman**

(M. D. or other)

Address **Lamar Mo**

Date signed **7/18/40**

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.....

Carl H. Kountz

Licensed Embalmer No. **2247**

P. O. Address **Lamar, Missouri.**

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.