

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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: Kansas City Conv. Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
(Specify whether
In this community #0 Unknown years, months or days)

3. (a) PRINT FULL NAME

James Lambert

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 66 Months -- Days -- If less than one day hr. -- min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Kansas City Conv. Home

(b) Address 3200 Norledge

17. (a) Removal (b) Date thereof Sept. 18 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director Wm. M. Brown

(b) Address 7406 Wrennall Road

19. (a) Sept. 17, 1940 (b) Registrar's signature M. M. Brown
(Date received local registrar)

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. 607 1/2 Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 22 1940, 19____, to Sept 11, 1940.
that I last saw him alive on Sept 11, 1940, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension
Hemiplegic (Right)

Other conditions (Include pregnancy within 3 months of death) 82w

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 J. P. Lammey (M. D. or other) _____

Address 4215 S. White Date 9/12/40

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

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

Signed

Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address 7406 W. 10th

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.