

JAN 25 1941

Registration District No. 384

Primary Registration District No. 5535

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
(Specify whether
In this community 51 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM WILKINSON LAMBERT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Anna Bond Lambert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 25, 1878
(Month) (Day) (Year)

8. AGE: 62 Years 2 Months 17 Days If less than one day
hr. _____ min.

9. Birthplace Sulphur Rock, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Livestock dealer & Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Nickless Evin Lambert /
13. Birthplace Shawneetown, Ill. /
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Eliz. Crowell
15. Birthplace Paducah, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Clara Lambert
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1940
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Shoumough
(b) Address West Plains, Mo.

19. (a) 12-15-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town "Rural"
(If outside city or town limit, write "RURAL")
(d) Street No. West Plains,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12,
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept-24
1940 to Dec-12, 1940
that I last saw him alive on Dec-12 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Hepatic Cirrhosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1248

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? 21111
(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature W. H. Morgan (M.D. or other) _____
Address West Plains, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 5,

District File Number 79112

Date Filed _____

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

Hal Flourburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.