S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6001

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 773

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: St. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 445 East 72nd Street Terrace (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mrs. Alberta Russell Preston

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Arthur C. Preston

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased July (Month) 17 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	4	hr. min.

9. Birthplace Indianapolis (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Graham W. Lambert
13. Birthplace Liverpool (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Liverpool (City, town, or county) England (State or foreign country) 4

16. (a) Informant Mrs. H. M. Preston

(b) Address 445 E 72nd Ter.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/22/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st year 1941 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from May, 1939, to Feby 21, 1941; that I last saw her alive on Feby 20 - 41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute coronary thrombosis	8 days
Due to arteriosclerosis	yrs
Due to [illegible]	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ellis W Wellbeling (M. D. or other)

Address Plaza Med Bldg Date signed 2-21-41

(Licensed Embalmer's Statement on Reverse Side)

215 Olga Medical Bldg
12-1, 2-5:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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, fact should be so stated above.