

No. 2  
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AUG 7 1941

State File No. \_\_\_\_\_

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 232

1. PLACE OF DEATH

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Main St. Hotel, 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether years, months or days) 11 yrs.

3. (a) PRINT FULL NAME John Luster Lambert

3. (b) If veteran name was no 3. (c) Social Security No. 491-05-8794

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

6. (b) Name of husband or wife Lena Lambert 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 27 1907  
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Unknown - 1 Kans.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe work

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

12. Name Henny Lambert

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

14. Maiden name Antkowiak

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

16. (a) Informant Lena Lambert

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cem.

18. (a) Signature of funeral director Marshall Gibson

(b) Address Nevada, Mo

19. (a) 7-29-41 (b) Ellen V. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Vernon <sup>108</sup>  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 713 S. Ash  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1941 hour ? minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown - probably acute alcoholism with possible associated heat stroke  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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 Coroner

23. Signature Braxton Davis (M. D. or other) Coroner  
Address Nevada, Mo Date signed 7-29-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1225

Date Filed 8-5-41

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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.....

*Mark Cichinger*

Licensed Embalmer No. 26576

P. O. Address Neerada, Md

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**