

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31031

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 245

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town COLUMBIA, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ELLIS FISCHER HOSP. IN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDNA LAMBERT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife CHARLES LAMBERT 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased SEPT 20, 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 14 If less than one day hr. min.

9. Birthplace LYNN CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM KIRK
13. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)
14. Maiden name MORIAN REEVES
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant KERMIT LAMBERT (SON)

(b) Address BROOKING, MO. R#3

17. (a) Burial (b) Date thereof 9-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Salem Mo.

18. (a) Signature of funeral director Parkes

(b) Address Columbia Mo.

19. (a) 9/5/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LYNN 58
(c) City or town BROOKING (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 4
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-1-41
1941, to SEPT 4 1941;
that I last saw h ER alive on SEPT 4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3da
Carcinoma of cervix 3 yrs
Due to Thrombophlebitis 1 mo
suppurative veins, bilateral

Other conditions 480
(Include pregnancy within 3 months of death)

Major findings: Substantiated above
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) (a) Means of injury

23. Signature Joe M. Parker (M. D. or other) MD
Address State Cancer Hosp. Date signed 9/5/41

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

M. H. Vandewater

Licensed Embalmer No.

2494

P. O. Address

Columbia, 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.