

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13416

State File No.

FILED MAY 14 1942
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1801

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:
2815 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie D. Lambert
(b) If veteran, none name war
(c) Social Security No. none

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William Lambert
(c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 12 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 24
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
12. Name George Franklin
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Alice Bartlett
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Georgia Bryant
(b) Address 2815 Kensington

17. (a) Removal (b) Date thereof May 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnettville Kansas

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 5-7-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2815 Kensington 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 2nd 1942
April 29, 1942 to May 6th 1942
that I last saw her alive on May 6th 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration

Due to Cardiac decompensation and Mitral stenosis

Due to 92 ft

Other conditions
(Include pregnancy within 3 months of death)

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?

(Specify type of place)
(e) Means of injury
While at work?
23. Signature E. J. Hackett (M. D. or other)
Address 4202 B 24th St Date signed 5/11/42

3015 E. 6th
Be. 1911

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.....

Licensed Embalmer No.....

P. O. Address.....

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.