

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34021

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper County.
(b) City or town Joelin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days. years, months or days)

3. (a) PRINT FULL NAME DeWayne Keith Lambert

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 22, 1942. (Month) (Day) (Year)

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

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

10. Usual occupation infant.

11. Industry or business

12. Name Herman Lambert.
13. Birthplace Oklahoma. (City, town, or county) (State or foreign country)
14. Maiden name Mildred Berry.
15. Birthplace Kansas. (City, town, or county) (State or foreign country)

16. (a) Informant Herman Lambert.
(b) Address Galena, Kansas.
17. (a) Galena, Kansas. Date thereof (Month) (Day) (Year)
(b) Place: burial or cremation Lowell Cem.

18. (a) Signature of funeral director Boice Und. Co.
(b) Address Galena, Kansas.
19. (a) 10-21-42 (Date received local registrar) (b) Geitend Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Galena, Kansas. (If outside city or town limits, write "RURAL")
(d) Street No. 1005 East Seventh St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Dr. James

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1942 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 22 1942 to Oct 24 1942
that I last saw him alive on Oct 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 6 1/2 mo

Due to

Due to

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?

While at work? (Specify type of place) Means of injury

23. Signature Frank James (M. D. or other)
Address Galena, Kansas Date signed 10-24-42

1204 (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, or by _____
me, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 7998 Kansas

P. O. Address Galena, Kansas.

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.