

FILED APR 14 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

(a) County Byzantium  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Missouri Methodist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

LYNZIA CLARENCE LAMBERT

3. (b) If veteran,

name war 100

3. (c) Social Security

No. none

4. Sex

male & w.

5. Color or

face w.

6. (a) Single, widowed, married

divorced married

6. (b) Name of husband or wife

Commence T. Lambert

6. (c) Age of husband or wife if

alive 57 years

7. Birth date of deceased

Nov. 1 1885  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

57 5 5

hr. min.

9. Birthplace

Texas Co. Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name Alfred Lambert  
13. Birthplace Mo. Caroline  
(City, town, or county) (State or foreign country)  
14. Maiden name Marrett Crook  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant

Commence Lambert

(b) Address

Osborn Mo.

17. (a)

Burial (b) Date thereof 4-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Osborn Mo.

18. (a) Signature of funeral director

St. Joseph Mo.

(b) Address

Stewartville Mo.

19. (a)

4-8-43 (Date received local registrar)

(b)

Rose Heug (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb  
(c) City or town Osborn  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1943 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
April 5 1943 to April 6 1943

that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia, lobar

Duration

7 days

Due to

Myocarditis, true

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)

(e) Means of injury

23. Signature

Dr. Leno M.D. (M. D. or other)

Address

St. Joseph, Mo.

Date signed 4-6-43

**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.**