

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10448**
 Registrar's No. **23**

Registration District No. **154**

Primary Registration District No. **5575**

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:
120 West 78th Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether
 In this community **15 years,** years, months or days)

3. (a) PRINT FULL NAME **Moses Heady Lambert**

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

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced, **Married**
 6. (b) Name of husband or wife **Clara Lambert** 6. (c) Age of husband or wife if alive **61** years
 7. Birth date of deceased **September 15 1881**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 18 hr. min.

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

10. Usual occupation **School Custodian**

11. Industry or business **X**

12. Name **B. M. Lambert,**
 13. Birthplace **Iowa,**
 (City, town, or county) (State or foreign country)

14. Maiden name **Emily Swope**
 15. Birthplace **Iowa,**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. H. Lambert,**

(b) Address **120 West 78th St., Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **3-4-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cem**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **3/4/43** (b) **W. Lambert**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City,**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **120 West 78th Street,**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd**
 year **1943** hour **4:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 26**
1943 to **3/2** 19**43**
 that I last saw him alive on **Feb 26** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Duration

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) (e) Means of injury

23. Signature **W. Lambert** (M. D. or other)

Address **1022 Argyle Bldg** Date signed **3/2/43**

on Annie B. 122 Argyle Bldg Embalmer's Statement on Reverse Side)

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

DATE
August 13, 1949
(Beck's office)

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..... E. M. Plaut

Licensed Embalmer No. 1848

P. O. Address 7 E. @ 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.