

Registration District No. 250

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1924 Ralston
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME

Lamb, James

3. (b) If veteran, name war none

3. (c) Social Security No. 500-01-3769

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Rhodie Mae Lamb
6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased April 25 1918
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 21
If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Arthur Thomas Lamb

13. Birthplace Leavensworth Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Francis Kenon

15. Birthplace Leavensworth Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Bielsa

(b) Address 1924 Ralston Indep Mo.

17. (a) Removal (b) Date thereof May 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nebraska Missouri

18. (a) Signature of funeral director George S. Barron

(b) Address Independence, Mo.

19. (a) May 19, 1943 (b) W. Delich, Myrtle Schick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 Th
year 1943 hour 12-15 a minute M.

21. I hereby certify that I attended the deceased from 5/12-43 to 5-17-43
that I last saw him alive on 5-16-43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 day

Due to Chronic Myo Carditis 2 yrs

Due to Chronic nephritis 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 f

Of autopsy

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 F. B. Dailley (M. D. or other)

Address F. Co. Emp. Wap. Date signed 5/19/43

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.

George B. Carson

Licensed Embalmer No. *2249*

P.O. Address *Independence, 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.