No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41857

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 395

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (specify whether years, months or days)
In this community 21 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 202 S. Middle St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Thelma Laverne Lambert
3. (b) If veteran, name war: —
3. (c) Social Security No. 487-24-3078
4. Sex: Female
5. Color or race: Whit
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry J. Lambert
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: June (Month) 20 (Day) 1922 (Year)
8. AGE: Years 21 | Months 5 | Days 21 | If less than one day ___ hr. ___ min.
9. Birthplace: Cape Girardeau (City, town, or county), Mo (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
MOTHER FATHER
12. Name: Jesse D. McDaniel
13. Birthplace: Lutesville (City, town, or county) Mo (State or foreign country)
14. Maiden name: Nettie Sikes
15. Birthplace: Galconda (City, town, or county) Ill. (State or foreign country)
16. (a) Informant: Guy E. Moore
(b) Address: Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: McGarling
(b) Address: Cape Girardeau, Mo.
19. (a) 12-13-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1943 hour 3 minute 58 A.M.
21. I hereby certify that I attended the deceased from Dec 8 1943 to Dec. 11 1943 that I last saw her alive on Dec. 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis — Duration: 3-4 hrs.
Due to: Eclampsia of Pregnancy — 3 days
~~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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: Cape Girardeau, Mo. Date signed 12/11/43

101.4 (Licensed Embalmer's Statement on Reverse Side)

JUN 3 1946

...ED

...t Health Officer No. 4

...ict File Number 144-316

...te Filed 1-7-44

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, M...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
I X38930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan.

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da. (Specify whether
In this community 21 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(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 .....

3. (a) PRINT FULL NAME Thelma L. Lambert

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June (Month) 20 (Day) 1943 (Year)

8. AGE: Years 21 | Months 5 | Days 21 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day X
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dec 8-43, 19.. to Dec. 11, 1943
that I last saw him alive on Dec 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	3-4 hrs.
Due to Eclampsia of Pregnancy	3 da.
Due to	
Other conditions Stillborn Delivered On Dec. 9-43 at 1 P.M. (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 148a

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)

While at work? ..... (e) Means of injury .....

23. Signature G. F. Oehler (M. D. or other)

Address Jan 14-44 Date signed

Cape Girardeau, Mo.

S-41857