

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 7 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 College  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME

James Thomas Lamb

3. (b) If veteran, name war.....

3. (c) Social Security No. No

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Rebecca H Lamb

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

7. Birth date of deceased March 14 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer - Retired

11. Industry or business None

12. Name Jimmy Lamb

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

14. Maiden name Unknown

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

16. (a) Informant John Lamb

(b) Address Summit, Mo

17. (a) Burial (b) Date thereof 1-23-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Caldwell Chapel Cemetery

18. (a) Signature of funeral director George G General

(b) Address Summit, Mo

19. (a) 1-23-44 (b) John Lamb  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1944 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 15  
1944, to Jan 21, 1944  
that I last saw him alive on Jan 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic Valvular Heart Disease  
Due to influenza 7 days  
Duration 4 years

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 930  
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) 2  
While at work? George G General Means of injury

23. Signature George G General (M. D. or other)  
Address Summit 710 Date signed 1-22-44

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

35  
2  
2

35  
2  
2

MOTHER FATHER

James Thomas Lamb  
Summit, Mo  
1-23-44  
John Lamb  
Summit, Mo  
1-23-44  
John Lamb  
Summit, Mo

RECEIVED

District Health Office No. 2,

District File Number 244-244

Date Filed 2-3-44

**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.....

*P. Salzman*

Licensed Embalmer No. 2556-

P. O. Address.....

*Kenilworth, N.J.*

**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.**