

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1944

642

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
Stook Yards
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 3 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Max Kansas (b) County Wyandotte
 (c) City or town K. C. K.
(If outside city or town limits, write "RURAL")
 (d) Street No. 517 Kansas Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry S. Lamm
 3. (b) If veteran, name war No. 3. (c) Social Security No. 488-24-5283

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 8 1944
 year _____ hour _____ minute _____ M.

4. Sex M. 5. Color or Face W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Mrs. Collie Lamm 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased March 27 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him _____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
44 10 11 _____ hr. _____ min.

Immediate cause of death:
Acute Coronary Insufficiency
hypertrophy & dilatation
of heart.

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

10. Usual occupation Yard Man

11. Industry or business K. C. Stock Yards.

12. Name Paul Lamm

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

14. Maiden name Unknown

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

16. (a) Informant Collie Lamm
 (b) Address 517 Kansas Ave.

17. (a) Burial (b) Date thereof 2/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wooldridge, Mo.

18. (a) Signature of funeral director H. Tigerman & Sons
 (b) Address K. C. Mo.
 19. (a) 2-8-44 (b) T. E. Brown (V3)
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations asc²
 Of autopsy See Above

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)
 means of injury _____
 23. Signature A. E. Washer (M. D. or other) _____
22 McCay Date 2/10/44
 Address _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 14 1947

FEB 26 1947

MAR 31 1948

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.....

Francis Walter....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed.....
J. D. Pomeroy
Licensed Embalmer No. *2744*
P.O. Address..... *K.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.