

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED MAY 29 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17075
Registrar's No. 2019

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2 Mora Clara Home
(d) Length of stay: In hospital or institution 45 days
In this community 1 year

3. (a) PRINT FULL NAME

George Lambert
(b) If veteran, name was No
(c) Social Security No. no

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: unknown

8. AGE: Years 79 Months — Days — If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Unknown Lambert

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 John Lambert

(b) Address 1009 E 26

17. (a) Burial (b) Date thereof May 10 - 1944

(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director Kessler

(b) Address 2657 Euclid Ave.

19. (a) 5-9-44 (b) J. E. Brown

(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5617 Prospect
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 4/21, 1944, to May 6, 1944, that I last saw him alive on May 3, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: acute dilatation Heart

Due to Chronic myocarditis

Due to and Chronic Arteriosclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 93d

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) (c) Means of injury

23. Signature: Frederick J. Baldwin M.D.

Address: 317 Argyle Bldg Date signed: 5/9/44

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

F. S. Walton

Licensed Embalmer No.

2744

P. O. Address

3030 Harrison

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.