U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1944

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17594

Primary Registration District No. 3007

Registrar's No. 177

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

12
7
3

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
Lucy Lee Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. 347 Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Elbert Lambert

3. (b) If veteran, name war 1st World War

3. (c) Social Security No. 702-16-8486

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

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

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

7. Birth date of deceased March 25, ~~1900~~ 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
~~44~~ 45	1	27	hr. min.

9. Birthplace Collins (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Dispatcher

11. Industry or business Missouri Pacific Railroad

MOTHER FATHER

12. Name Henry Lambert 9

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

14. Maiden name Lizzie Adams

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

16. (a) Informant Mrs. H. E. Lambert

(b) Address 347 Main St., Poplar Bluff

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation McGhee Ark.

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 5-23-44 (Date received local registrar) (b) Dillie Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1944 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 1944, to May 22, 1944
that I last saw him alive on May 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac failure	1 da
Due to Bilateral lobar pneumonia	8 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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, or farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 0

Address Poplar Bluff Mo Date signed 5/22/44

92 (Licensed Embalmer's Statement on Reverse Side)

JUN 12 1944

JUN 7 1944

JUN 16 1944

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 .....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Butler }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this seventh day of June, 1944, before me appears Mrs. Henry Elbert Lambert, who, upon her oath, states that the original record of ~~birth~~ death for Henry Elbert Lambert ~~born~~ died May 22, 1944, in the State of Missouri, and which was filed at Poplar Bluff, Mo. on May 23, 1944 should be corrected as follows:

Item No. 7 should read March 25, 1899
Instead of March 25, 1900

Item No. 8 should read 45 years
Instead of 44 years

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Mrs. Henry Elbert Lambert
Relationship.

347 Main St., Poplar Bluff, Mo.
Present Address.

Subscribed and sworn to before me this 7th day of June, 1944.

My Commission expires June 29-1946 Irene Brase Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
15-42
X31340

JUN 12 1944

17594