

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

FILED JUN 8 1944

Registration District No. 145 Primary Registration District No. 55-175 4234 Registrar's No. 10

1. PLACE OF DEATH:

(a) County IRON  
(b) City or town IRONTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST MARYS OF THE SPRINGS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT

FULL NAME JOSEPH OLIVER LAMBERT

3. (b) If veteran,

3. (c) Social Security

name war

No.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife GRACE ELEAN LAMBERT  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased SEPT 27 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 3  
If less than one day hr. min.

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

10. Usual occupation PUBLIC WORK

11. Industry or business

12. Name ELEX LAMBERT  
13. Birthplace UNKNOWN INDIANA  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY SARAH HURT  
15. Birthplace UNKNOWN MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Lambert  
(b) Address Graniteville Mo.

17. (a) BURIAL (b) Date thereof 4/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRANITEVILLE

18. (a) Signature of funeral director Dr. J. C. Ricketts

(b) Address Santa Mo.

19. (a) May 4/1944 (b) Mrs. J. C. Ricketts  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 47  
(c) City or town GRANITEVILLE  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30  
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 18 1944 to March 30 1944  
that I last saw him alive on March 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon  
Duration 6 mos.

Due to

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? (c) Means of injury

23. Signature Ben H. Bull (M. D. or other) M. D.

Address Ironton, Mo. Date signed 3-30-44

RECEIVED

District Health Officer No. 4

District File Number 644-3911

Date Filed 6-7-44

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 \_\_\_\_\_

working under my personal supervision.

3/30/44

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3475

P. O. Address Quincy, 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.