

FILED JUL 15 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2815**

1. PLACE OF DEATH:

(a) County **Jackson,**
Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(b) City or town
(c) Name of hospital or institution:
3803 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.** (Specify whether
In this community **few hours** | (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

John J. Lamb

3. (b) If veteran,

name war **World War #2**

3. (c) Social Security

No. **487-09-9272**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife

Nancy Lamb,

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased

January 22 1908
(Month) (Day) (Year)

8. AGE:

Years **36**

Months **5**

Days **13**

If less than one day

hr. min.

9. Birthplace

Iowa

(City, town, or county) (State or foreign country)

10. Usual occupation

Technician 5th Grade

11. Industry or business

Medial Corps

MOTHER FATHER { 12. Name

E. C. Lamb,

13. Birthplace

Iowa,

(City, town, or county) (State or foreign country)

14. Maiden name

Matthews

15. Birthplace

Iowa,

(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Nancy Lamb,

(b) Address

1220 Armour Blvd., K. C., Mo.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

7-7-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Albia, Iowa,

18. (a) Signature of funeral director

Stine & McClure,

(b) Address

3235 Gillham Plaza, K. C., Mo.

19. (a) **7-6-44**

(Date received local registrar)

(b) **D. E. Brown**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City,** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **1220 Armour Blvd.,** **8**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **X** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **1944** hour **7:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **Albia, Mo.** to **Comes**, 19...
that I last saw him alive on _____, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac lamponade
Due to **Fatal gunshot wound of the chest (self inflicted)**

Other conditions (Include pregnancy within 3 months of death) **164 C**

Major findings: Of operations _____

Of autopsy **See above** 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) **Suicide**
(b) Date of occurrence **7/4/44**
(c) Where did injury occur? **Kansas City, Jackson, Missouri**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) **Trauma by**
(e) Means of injury **firearm**

23. Signature **D. E. Brown** (M. D. or other) **MD.**
Address **234 1/2 Mc Kay** Date signed **7/5/44**

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

MAR 23 1945

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. 1415-
P. O. Address F. C. M. Co.

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.