

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30194**
Registrar's No. **3628**

Registration District No. **149**

Primary Registration District No. **1002**

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:
2843 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether
in this community **4 Years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **2843 Troost**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Sarah Lenore Lamb**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Benjamin F. Lamb**

6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **6 1 1862**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| 82 | 3 | 4 | hr. min. |

9. Birthplace **St. Paul Minn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Menz**

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

14. Maiden name **Hoffman**

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

16. (a) Informant **Mr. Elmer F. Lamb**

(b) Address **3112 Garfield**

17. (a) **Burial** (b) Date thereof **9-8-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City Missouri**

19. (a) **9-7-44** (b) **N. C. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **5th**
year **1944** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **1940**
19... to **9/5/44**, 19...
that I last saw her alive on **9/19/44**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Che. Myocarditis

Due to **Generalized Sclerosis**
Atherosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) (e) Means of injury

23. Signature **N. C. Brown** (M. D. or other)

Address **1401 S. W. Blvd** Date signed **9/6/44**

Duration **3 yrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. J.W. Young
1401 South West Blvd.

2-5-Pr
No. 0450

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 J. W. Herrick
Licensed Embalmer No. 3599
P. O. Address K.C. 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.