

FILED JAN 9 1945

Primary Registration District No. 1200

Registrar's No. 1344

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. years, months or days

3. (a) PRINT FULL NAME

Oscar Lambert

3. (b) If veteran, name war. -

3. (c) Social Security

No. 191-09-0586

0 Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Clara 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Jan 27 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 3 hr. min.

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

10. Usual occupation Photo Engraver

11. Industry or business

12. Name Herdin Lambert
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Cortwright
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Lambert
(b) Address St Joseph, Mo
17. (a) Burial (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Flemon Vson Inc
(b) Address St Joseph, Mo

19. (a) 1-2-45 (b) Wileen J. Pickett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 419 No 29 St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1944 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 12-30-44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism
of atheroma
Duration 24 hr

Due to
Due to 94 hr

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) (e) Means of injury

23. Signature Paul Jorgensen (M. D. or other)
Address St Joseph, Mo Date signed 12-45

TEST 1
JAN 1

SEP 29 1950

JAN 12 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..... *Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address..... *St Joseph, 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.