. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

4008

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No. 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5291

State File No. 5873

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: R.R.#1 Gashland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. R.R.#1 Gashland (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ida Lambert

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 George

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

7. Birth date of deceased June 12, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	8	5	hr. min.

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

10. Usual occupation At Home

11. Industry or business At Home

MOTHER FATHER

12. Name William Sargent

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

14. Maiden name Dont Know

15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lowery

(b) Address R.R.#1 Gashland, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Sexton Und Co. By Theodore L. Sexton

(b) Address Leav. Kansas

19. (a) Feb. 24 '45 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1945 hour 2 PM minute M.

21. I hereby certify that I attended the deceased from Feb 11 1945 to Feb 18 1945 that I last saw her alive on Feb 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Uremia	
Due to (b) Hypertension Cardio Vascular Disease	
Due to (c) Senile Senility	
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) no

(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? (e) Means of injury —

23. Signature H. W. Morelle (M. D. or other)

Address 300 Argyle Bldg. K.C.Mo. Date signed 3-14-45

924 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-10-45

APR 19 1950

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 Theodore L. Sefton

Licensed Embalmer No. 3003

P. O. Address Leavenworth, Kansas

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.