FILED MAR 16 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9520

Do not use this space.

1. PLACE OF DEATH
(a) County Dade — Registration District No. 93
(b) Township Smith — Primary Registration District No. 5340 — Registered No. 79
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Abe Lamb
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elzada Lamb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-1865
7. AGE YEARS 79 MONTHS 3 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER
13. NAME Robert Lamb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Julia Claffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Elzada Lamb Lockwood, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Kingspoint, Mo. DATE Feb 28th, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Ray Caldwell Lockwood, Mo.
20. FILED Feb 28 1945 Phyllis Lack. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1945, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-2-, 1942 to 2-24-, 1945
I last saw him alive on 2-24-, 1945 Death is said to have occurred on the date stated above, at 8:25 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis

Date of onset

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Other contributory causes of importance:
Chronic Bronchitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) G. D. Combs, M. D.
(Address) Lockwood Mo

1082

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 6,
District File Number 345-268
Date Filed MAR 13 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 Ray Caldwell

Licensed Embalmer No. 3380

P. O. Address Lockwood, 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, above space should be left blank.