

FILED JUN 4 1945  
Registration District No. 749

Primary Registration District No. 1602

Registrar's No. 2213

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Upon entrance  
(Specify whether years, months or days) 7 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 East Gay St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: WILLIAM C. LAMB

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 3rd 1904  
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name George Lamb  
13. Birthplace Johnson County Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Cameron  
15. Birthplace Johnson County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Lamb  
(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 5/23/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director Melody McGilley Eylar  
(b) Address 1800 Linwood Blvd. K.C., Mo.

19. (a) 5-22-45 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20  
year 1945 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from CORONER, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
Due to Coronary sclerosis

Due to \_\_\_\_\_  
Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy No Report History + Impression

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?

23. Signature Francis C. ... (M. D. or other) \_\_\_\_\_  
Address 1424 ... Date signed 5-21-45

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

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**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

*Chas E. Wilks*

Licensed Embalmer No.

*2604*

P. O. Address

*Hanson Hwy Etc*

**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.**