S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1945

State File No. 23049

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2870

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: 1210 Central (KCMo)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xx
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Help Hand Hotel Mo [illegible]
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Clay Lambert.
3. (b) If veteran, name war World War 1
3. (c) Social Security No. none
4. Sex MO
5. Color or race W
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 October 1 1887 (Month) (Day) (Year)
8. AGE: Years ~~60~~ 57 Months 9 Days 7 If less than one day hr. min.
9. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Room Clerk
11. Industry or business Helping Hand Institute

FATHER
12. Name Henry Clay Lambert
13. Birthplace Corondelet, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Augusta M. Davison
15. Birthplace Jefferson City Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lambert
(b) Address 5100 Walnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 7-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8 year 1945 hour 11 minute A 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.

	Duration
Immediate cause of death. Coronary sclerosis	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 a	
Major findings: Of operations	
Of autopsy No permit History + Inspection	

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)
While at work? (e) Means of injury ?
23. Signature James C Walker (M. D. or other) Coroner
Address 1424 [illegible] Date signed 7-8-45

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 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 Frances Walton

Licensed Embalmer No. 2744

P. O. Address KCMo

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.