

FILED DEC 27 1945
Registration District No. 1000

Primary Registration District No. 1000

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:
314 1/2 Francis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eva Lambert
(b) If veteran, name war None (c) Social Security No. None
(d) Sex Female (e) Color or race White
(f) (a) Single, widowed, married, divorced Unknown
(g) (b) Name of husband or wife Unknown (c) Age of husband or wife if alive _____ years
(h) Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 54 hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant St. Joseph Police Dept.
(b) Address 1710 So. 9th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Nov. 12, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. W. Taellock
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Nov. 20, 1945 (b) W. W. Taellock
(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. 314 1/2 Francis 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 November day 3
year 1945 hour 3 minute P. M.
viewed 3
Nov, 3d 45

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to Exposure & Hunger

Due to _____

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:

(c) 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?

While at work? _____ (Specify type of place)
(e) Means of injury corner

23. Signature B. W. Taellock (M. D. or other) coroner

Address King Hill Bldg Date signed 11/6/45

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

Elmer Thomas, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No.

2640

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.