DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8580

FILED MAR 27 1946

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 288

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

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: Missouri Methodist Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Smithville 0 (If outside city or town limits, write "RURAL")

(d) Street No. --- 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Byron Ray Lamb

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 487-09-3556

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July (Month) 5 (Day) 1909 (Year)

8. AGE: Years 36 | Months 8 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Clay County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation truck driver

11. Industry or business

FATHER
12. Name Charles L. Lamb
13. Birthplace Clinton County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Katie C. Ingram
15. Birthplace Clay County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant McComas Funeral Home

(b) Address Smithville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director Heaton BeHole & Bowman

(b) Address 319 South 10th St. Joseph Mo

19. (a) Mar. 8, 1946 (Date received local registrar) (b) H J Mcatherd (Registrar's signature) 34 V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1946 hour 6 minute 50 P M.

21. I hereby certify that I attended the deceased from Febr 26, 1946, to March 6, 1946; that I last saw him alive on March 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture both legs: mangling: avulsion of right foot; numerous puncture wounds, particularly of right thigh: acute brain injury.

Due to gas gangrene and electric burn of hands.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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) Accident 44

(b) Date of occurrence Febr 26, 1946

(c) Where did injury occur? — (City or town) Holt (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway - Truck accident (Specify type of place)

While at work? Yes (e) Means of injury " "

23. Signature S. E. Senor MD (M.D. or other) 0 111

Address 722½ Francis St. Joseph, Mo. Date signed 3-7-46

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1946

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~~ 6 Mar

....., Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold L. Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
I X43880

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

State File No. APRIL

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 288

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:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Byron Ray Lamb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Div

6. (b) Name of husband or wife

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

7. Birth date of deceased: July (Month) 5 (Day) (Year)

8. AGE: Years 36 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 6 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 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 — Duration

Was riding beside the driver of a large Stoiley transport truck a wheel came off the truck burned over in ditch

Due to

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:

(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 L. E. Lemon (M. D. or other)

Address St Joseph Mo Date signed 3-30-46

SUPPLEMENTARY

SUPPLEMENTARY INFORMATION

75512

8580