

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9081
State File No. _____
Registrar's No. 240

FILED MAR 27 1948
Registration District No. 128

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 70 years
years, months or days)

3. (a) PRINT FULL NAME William Thomas Lambeth
3. (b) If veteran, name war UNK
3. (c) Social Security No. None

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie Lambeth
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct. 2, 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 8
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name A. J. Lambeth N. Carolina

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

14. Maiden name Lucy Bymaster

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

16. (a) Informant Lyle Lambeth

(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. B. Bradford

(b) Address Marionville, Mo.

19. (a) 3-13-46 (b) J. W. E. Huddy
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian
(c) City or town Rural Billings
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 10
year 1946 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 27
1946, to March 10, 1946

that I last saw him alive on 3/10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 mo.

Due to Generalized Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 930

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Guy D. Callaway (M. D. or other) M.D.

Address Springfield Date signed 3/13/46

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 *Herman Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Aurora 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.