

FILED JUN 14 1946 STANDARD CERTIFICATE OF DEATH

Adams

15570

State File No.

Registrar's No.

144

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 815 N Davis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W. Lambert

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary A. Lambert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 14, 1855
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Agriculture

MOTHER FATHER
12. Name Phillin Lambert
13. Birthplace Luddenville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Magdalene Sharr
15. Birthplace DK Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Burk

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 5/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Mo.

19. (a) 5-21-46 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1946 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 7th
8th & 9th, 1946, to May 10th, 1946
that I last saw him alive on May 9th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Renal
failure

Due to Uremia

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy [Signature]

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) (c) Means of injury _____

23. Signature C. A. Adams (M.D. or other) D.O.
Address 104 1/2 N. Franklin St. Date signed May 20th

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14462

RECEIVED

District Health Officer No. 10

District File Number 6-46-128

Date Filed JUN 13 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bowden Beatty

Licensed Embalmer No. 4379

P. O. Address Hubersville, 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.