

**FILED** JUN 25 1946  
Registration District No. **799**

Primary Registration District No. **1002**

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

**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:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **25 days**  
(Specify whether years, months or days)  
 In this community **36 years**

**3. (a) PRINT FULL NAME** **Jennie K. Lambion**  
 3. (b) If veteran, name war **no.**  
 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **Frank Eugene Lambion**  
 6. (c) Age of husband or wife if alive **dec.** years  
 7. Birth date of deceased **June 8 1861**  
(Month) (Day) (Year)

**8. AGE:** Years **85** Months **0** Days **3**  
 If less than one day hr. min.

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **at home**

11. Industry or business **X**  
**MOTHER FATHER** { 12. Name **Benjamin Kinbell**  
 13. Birthplace **unknown,**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Bowling,**  
 15. Birthplace **unknown,**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Lambion,**  
 (b) Address **200 W. Armour, Kansas City, Mo.**  
 17. (a) **burial** (b) Date thereof **6-13-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Stine & McClure**  
 (b) Address **3235 Gillham Plaza, K. C., Mo.**  
 19. (a) **6-13-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **200 W. Armour**  
(If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **X**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **June** day **11**  
 year **1946** hour **2** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **May 17 1946** to **June 11 1946**  
 that I last saw h. **er** alive on **June 11 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Unexplained coma-Bronchopneumonia**  
 Duration  
 Due to  
 Due to **1862-5**  
**18**

Other conditions **Intertrochanteric fracture**  
(Include pregnancy within 3 months of death)  
**right femur**

Major findings:  
 Of operations  
 Of autopsy **None**  
**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**  
 (b) Date of occurrence **5-17-46**  
 (c) Where did injury occur? **Kansas City, Jackson, Mo.**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home chair**  
 While at work? **NO** (Specify type of place) (e) Means of injury **Fall from**  
 23. Signature **Tom W. Hand** (M. D. or other) **MD**  
 Address **Med. Dir. Gen'l Hosp.** Date signed **6-12-46**

Mr. King

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**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.....

*[Handwritten Signature]*  
Licensed Embalmer No. *1415*  
P. O. Address *15 Cmt*

**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.**