

FILED AUG 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether years, months or days) 3 days
In this community.

3. (a) PRINT FULL NAME

Quenton Ray Lambert

3. (b) If veteran,

name war. X

3. (c) Social Security

No. X

4. Sex. M
5. Color or race. W
6. (a) Single, widowed, married, divorced. X
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive. 25 years
7. Birth date of deceased. 2 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 3 21 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name. Quenton Lambert.
13. Birthplace. Marion Co. Ala.
(City, town, or county) (State or foreign country)
14. Maiden name. Corleen McMullin
15. Birthplace. Morehouse Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Reno Lambert.
(b) Address. Blodgett Mo.

17. (a) Burial (b) Date thereof. 6/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. H. W. Albritten

(b) Address. Sikeston, Mo.

19. (a) 7-27-1946 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. New Madrid
(c) City or town. Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 6 day. 16
year. 1946 hour. 3 minute. p.m.

21. I hereby certify that I attended the deceased from 6/14, 1946 to 6-16, 1946
that I last saw him alive on 6-16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute nephritis
following measles
Due to.
Due to.

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

Major findings:

Of operations.
Of autopsy. 35

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? Means of injury.
23. Signature. H. W. Albritten (M. D. or other)
Address. Sikeston, Mo. Date signed. 7-26-46

RECEIVED

District Health Officer No. 4

District File Number 746-239

Date Filed 7-30-46

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.....

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

Signed

John A. Kuntz

Licensed Embalmer No. 2941

P. O. Address *St. Kuntz*

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.