

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JUL 22 1946** STANDARD CERTIFICATE OF DEATH

24670  
12

State File No. \_\_\_\_\_

Registration District No. 298 Primary Registration District No. 6-24-4448 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Lawson  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

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

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

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME WILLIAM ALBERT 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 widowed

6. (b) Name of husband or wife Lillian Lamb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 31 1877  
(Month) (Day) (Year)

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

68 7 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Newton Lamb

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

14. Maiden name Julia Ann Crumb

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

16. (a) Informant Mabel Lamb  
(b) Address Lawson Mo.

17. (a) Burial (b) Date thereof June 26 '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director Jerman Prichard  
(b) Address Lawson Missouri

19. (a) June 25, 1946 (b) Mrs. Raymond Grove  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1946 hour 7 minute 195 P.M.

21. I hereby certify that I attended the deceased from M  
May 15 1946 to June 24 1946  
that I last saw him alive on June 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Left Hemiplegia with respiratory paralysis  
Due to Essential Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

83d

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) \_\_\_\_\_

(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 0

23. Signature Clatus Buehler (M. D. or other) \_\_\_\_\_  
Address Lawson Date signed June 25, 1946

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

7-20-46

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

*J. E. White*

Licensed Embalmer No.

4168

P. O. Address

*Excelsior Springs*

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.