No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36780

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 211

1. PLACE OF DEATH:
(a) County HENRY COUNTY
(b) City or town CLINTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WETZEL HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution BORN 11-14-46 (Specify whether years, months or days) In this community EXPIRED 8:55 AM.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HENRY
(c) City or town CALHOUN MISSOURI (If outside city or town limits, write "RURAL")
(d) Street No. R #1 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHNEY KEITH LAMBETH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 14 (Day) 1946 (Year)
8. AGE: Years | Months | Days 1 1/2 | If less than one day hr. min.
9. Birthplace CLINTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation INFANT
11. Industry or business
FATHER 12. Name MERL D. LAMBETH
FATHER 13. Birthplace CALHOUN (City, town, or county) MISSOURI (State or foreign country)
MOTHER 14. Maiden name SHIRLEY L. COMBS
MOTHER 15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant RAYMOND COMBS
(b) Address CALHOUN MISSOURI
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Mo
18. (a) Signature of funeral director Lamaster & Beck
(b) Address Clinton Mo
19. (a) 11-16-46 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1946 hour 8 minute 45 AM.
21. I hereby certify that I attended the deceased from 11-14, 1946, to 11-14, 1946, that I last saw him alive on Nov 16, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Enlarged Thymus —	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 64

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? (e) Means of injury

23. Signature Geo. L. Wright (M. D. or other)
Address CLINTON MO Date signed 11-16-46

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-46-2092
Date Filed 11-19-46

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.

- not Embalmed

Signed R. R. Kennedy

Licensed Embalmer No. 3099

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.