

FILED JAN 13 1947

Registration District No. **144**

Primary Registration District No. **4234**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Iron County  
 (b) City or town Ironton Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hrs  
 (Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
 (c) City or town Ironton Mo.  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Vera Helen Lambert

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased Sent. 6 1946  
 (Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation unk

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

MOTHER FATHER

12. Name Glenwood Lambert

13. Birthplace Munger Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Barbra A. Barton

15. Birthplace Buick Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Glenwood Lambert

(b) Address Ironton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-46  
 (Month) (Day) (Year)

(c) Place: burial or cremation Graniteville Mo.

18. (a) Signature of funeral director Norman White O.S.M.

(b) Address Ironton Mo.

19. (a) 1-4-47 (Date received local registrar) (b) Mrs Ann Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1946 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from Dec. 17<sup>th</sup> 1946, to Dec. 21<sup>st</sup> 1946 that I last saw her alive on Dec. 21<sup>st</sup> 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacterial Bronchial Pneumonia Duration 10/21/46

Due to \_\_\_\_\_  
 Due to Acute nasopharyngitis

Other conditions Foreign Body in Lung 11/2/17/46  
 (Include pregnancy within 3 months) History 12/17/46

Major findings: Of operations \_\_\_\_\_ Of autopsy PO 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature R. E. Harland M.D. (M. D. or other) \_\_\_\_\_ Address Ironton, Mo. Date signed 12/30/46

JAN 22 1947

RECEIVED

Health Officer No. 4  
File Number 147-57  
Filed 1-9-47

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 *Paul J. White*  
Licensed Embalmer No. *3012*  
P. O. Address *San Antonio, Tex.*

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.