

FILED SEP 15 1947

Registration District No. 72

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3013

State File No. 27125

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Kansas Flour Mills North Kan. City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community Working years, months or days)

3. (a) PRINT
FULL NAMEJohn Lambert

3. (b) If veteran,

name war World War I

3. (c) Social Security No.

487-07-3225

4. Sex male 2- race Colored 5. Color or
6. (b) Name of husband or wife Hattie Lambert 6. (a) Single, widowed, married,
divorced Married
6. (c) Age of husband or wife if
alive 43 years
7. Birth date of deceased March 20 1892
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

55425xx hr.xx min.9. Birthplace Plumerville Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation Labor11. Industry or business Jones Hettelsater Const Co12. Name Loranzo Lambert13. Birthplace Plumerville Arkansas
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Hattie Lambert(b) Address 2301 East 13th Kansas City17. (a) Removal (b) Date thereof Aug. 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kansas City Mo18. (a) Signature of funeral director Morton Smiths(b) Address North Kansas City Mo19. (a) Aug 15 - 1947 (b) Beulah Kitchner
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
Street No. 2301 East 13th 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1947 hour 2:10 minute PM21. I hereby certify that I attended the deceased from
19....., to....., 19.....
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above
Immediate cause of death Coronary Occlusion Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause of
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary Occlusion
(b) Date of occurrence 8-15-1947
(c) Where did injury occur? N. Kansas City Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public
place? Industrial place, Kansas Flour
While at work? yes (Specify type of place) Means of injury corner
23. Signature R. W. Trasher (M. D. or other)
Address Exeter Springs Mo Date signed 8-15-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-12-47

SEP 13 1947

SEP 23 1947

SEP 19 1947

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.

mt Emb.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.