No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 2 1947
Registration District No. 1719

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27770
Registrar's No. 3592

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2829 TROOST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 47 YEARS
years, months or days)

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")
(d) Street No. 2829 TROOST AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. RUSSENA LAMBERT
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ABRAHAM LAMBERT
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JANUARY (Month) 25 (Day) 1875 (Year)

8. AGE: Years 72 Months 6 Days ~~26~~ 25 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation NONE
11. Industry or business AT HOME
FATHER
12. Name PETER YOUNG 4
13. Birthplace (City, town, or county) SWEDEN 1 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN 1 (State or foreign country)
16. (a) Informant MISS MAUD LAMBERT
(b) Address 2829 TROOST AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director D. W. Newcomer & Sons
(b) Address 1401 Brush Creek Blvd, K.C. Mo
19. (a) 8-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20 year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1946, 19 , to Aug 20, 1947, that I last saw her alive on Aug 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leukemia monocytic type	2 years
Due to unknown	
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
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)
(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 MB Carlbolt MD (M. D. or other)
Address 4000 Baltimore K.C. Mo Date Signed 8/20/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

4000 Blackmore, [illegible]

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 Oscar Storthey

Licensed Embalmer No. 1767

P. O. Address 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.