No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34561

State File No. .....

Registration District No. FILED NOV 8 1947

Primary Registration District No. 1602

Registrar's No. 4470

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: 819 W 62
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Cook 999
(c) City or town Chicago Ill. 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME Mary El Lambert

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 77

6. (b) Name of husband or wife Frank A Lambert

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan (Month) 11 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	15	..... hr. ..... min.

9. Birthplace New Brunswick (City, town, or county) Canada (State or foreign country) 2

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name Samuel Odgen
13. Birthplace Canada (City, town, or county) (State or foreign country) 2

MOTHER
14. Maiden name Rebecca White
15. Birthplace Canada (City, town, or county) (State or foreign country) 2

16. (a) Informant Mrs. Mabelle Hedberg
(b) Address 819 W 62

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 26, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director [signature]
(b) Address 7406 Wornall Rd.

19. (a) 10-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1947 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Early in 1945 to Oct 26 1947
that I last saw him alive on Oct 24 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant cancer of the rectum	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ..... 46 d	
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? ..... Means of injury 0

23. Signature C. L. Gillis (M. D. or other)
Address 1414 Prof Bldg Date signed 10/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth R. Royce, Registered Apprentice No. 63, working under my personal supervision.

Signed Harlyn Fox

Licensed Embalmer No. 2810

P. O. Address K. C. Mo.

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.