

6. 2-
747
7-39

STANDARD CERTIFICATE OF DEATH

State File No. 4030

FILED FEB 24 1948

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 214

1. PLACE OF DEATH

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1722 Prospect Ave 8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 DAY
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew 2

(c) City or town: SAVANNAH
(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: Andrew Jackson Lambright

3. (b) If veteran, -

3. (c) Social Security No. -

name war: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18
year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Dec
1945 to 2-18 1948
that I last saw him alive on 2-7-48 and that death occurred on the date and hour stated above.

4. Sex: MO

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Allie Lambright

6. (c) Age of husband or wife if alive: 28-1958

7. Birth date of deceased: July 28-1958
(Month) (Day) (Year)

Immediate cause of death: Coronary Insufficiency

Duration: instant

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

Due to: Coronary Sclerosis 5 years

9. Birthplace: SAVANNAH MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

Due to: Coronary Arterio-Sclerosis 5 years

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business: _____

12. Name: George Lambright

13. Birthplace: un known penn
(City, town, or county) (State or foreign country)

14. Maiden name: Zen Unknown Ray

15. Birthplace: un known
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: 94A

Of autopsies: _____

PHYSICIAN: _____
Underline the cause of which death should be charged statistically.

16. (a) Informant: George Lambright

(b) Address: Savannah Mo

17. (a) BURIAL (b) Date thereof: 2-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SAVANNAH

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)

18. (a) Signature of funeral director: E. C. Breet

(b) Address: Savannah Mo

19. (a) 2-20-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature: Gilbert Kelly (M. D.)

Address: Savannah, Mo Date signed: 2/18/48

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

MOTHER FATHER

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.....

E. L. Precht

Licensed-Embalmer No. *2650*

P. O. Address *Savannah 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.