S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4913

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 594

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: 101 East 36th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 35 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. 101 East 36th Street, 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Miss Mary Jeanette Lamb

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

4. Sex female /
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased July (Month) 28 (Day) 1871 (Year)

8. AGE: Years 76 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Pierce Lamb /
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Metcalf /
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. B. Klapmeyer
(b) Address 101 E. 36th St., Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kansas.
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1948 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from January, 1947 to Feb 8 - 1948
that I last saw her alive on Feb 8 - 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Edema of Lungs.	2 hrs
Due to Myocardial degeneration	1 year
Due to Broncho pneumonia winter 1946-47	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy	

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? (e) Means of injury 0

23. Signature Herbert Tuthill (M. D. or other) 1
Address 1211 Rialto Bldg Date Sept 9-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Tuthill

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 J Clair Sheppard

Licensed Embalmer No. 4/179

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.