

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 16 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11200

State File No. _____

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Helen St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community life
years, months or days

3. (a) PRINT FULL NAME GARY ALLEN LAMBERT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 7 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Sikeston Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER { 12. Name Enfield Lambert
13. Birthplace Winfield Ala
(City, town, or county) (State or foreign country)
14. Maiden name Maxine Halber
15. Birthplace Kewanee Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Enfield Lambert
(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 2-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo

19. (a) 3-9-48 (b) Mrs. T. G. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. Helen St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1948 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 20 Feb. 48
_____, 19____, to 21 Feb. 48, 19____;
that I last saw him alive on 20 Feb 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Respiratory deformity

Due to _____

Patent ductus Arteriosus

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Chas W. Henry (M. D. or other) _____

Address Sikeston Mo Date signed 24 Feb 48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 2

Registration No. 348-345

Date 3-9-48

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

Raymond J. Lewis

Licensed Embalmer No. 3467

P. O. Address

Sikeston 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.