

8. No. 2
1-1/47
5-17-39

National Office of Vital Statistics
FILED APR 24 1948
Registration District No. 149

Primary Registration District No. 1002

48
3
8

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

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution. 641 West 59th Terrace
(d) Length of stay: 83 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(d) Street No. 641 West 59th Terrace
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME. FRANK LAMBADER, Sr.
3. (b) If veteran, name war. No
3. (c) Social Security No. None

4. Sex. Male
5. Color or race. Wh
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Minnie Lambader
6. (c) Age of husband or wife if alive. 78 years
7. Birth date of deceased. March 23 1865 (Month) (Day) (Year)

8. AGE: Years 83, Months 0, Days 22. If less than one day hr. min.

9. Birthplace. Lebanon Ohio (City, town, or county) (State or foreign country)

10. Usual occupation. Retired Merchant
11. Industry or business. Delicatessen

MOTHER FATHER
12. Name. William H.C. Lambader
13. Birthplace. Germany
14. Maiden name. ROSE LUTHE
15. Birthplace. Germany

16. (a) Informant. Mrs. Minnie Lambader
(b) Address. 641 West 59th Terrace
17. (a) Burial (b) Date thereof. 4-17-48
(c) Place: burial or cremation. Forest Hill

18. (a) Signature of funeral director. J.W. Wagner
(b) Address. Kansas City, Mo.
19. (a) 4-16-48 (b) Heraldine Holmes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15th year 1948 hour 8: minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1947 to April 15 1948 that I last saw him alive on April 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion

Due to myocardial degeneration

Due to family arteriosclerosis

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____
23. Signature. Carl H. Gundersen (M.D. or other) Address. 106 W 19th Date signed. 4-16-48

Duration 1 hr
10 yrs
PHYSICIAN
Underline the cause of which death should be charged statistically.

MAY 27 1942

106. M. 14th V
AR 0060

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.