

Primary Registration District No. 1002

WRITE PLAINLY—USE 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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 27 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Conrad George Lambert

3. (b) If veteran, name war No 3. (c) Social Security No. 486-01-6469

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Neva Lambert 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased (Month) 8 (Day) 12 (Year) 1995

8. AGE: Years 52 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation Pressman Bemis Bag Co.

11. Industry or business Retired

12. Name Antone Lambert

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Neva Lambert

(b) Address 3108 East 8th. Street

17. (a) Burial (b) Date thereof 6-19-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 6-19-48 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3018 E. 8 St.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 8, 1948, to June 16, 1948  
that I last saw him alive on June 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor  
Meningioma non-malignant

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 562

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm W. Hart (M.D. or other) 8-17-48  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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..... *JOE B Yoder* .....

Licensed Embalmer No..... *4173* .....

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.**

*918 Brooklyn*