

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29004
Registrar's No. 210

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution Poplar Bluff Hospital
(d) Length of stay: In hospital or institution 2 hours
In this community 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Dexter Rural
(d) Street No. _____
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Henry Thomas Lambert
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 8th
year 1948 hour 6:45 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Lambert
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 7 1872

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

8. AGE: Years 76 Months 3 Days 1
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Occlusion
Due to Chronic Myocarditis

9. Birthplace Dexter Missouri

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____
12. Name Clay Lambert
13. Birthplace Kentucky
14. Maiden name Dica Riddle
15. Birthplace Unknown

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

16. (a) Informant Sarah Lambert
(b) Address Dexter Mo.

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? _____

17. (a) Waf Burial (b) Date thereof Sept. 12 48
(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director Watkins Fun. Service
(b) Address Dexter Mo.
19. (a) 9-20-48 (b) P. H. ...

23. Signature [Signature] (M. D. certificate) _____
Address Poplar Bluff Mo. Date signed 9-18-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 948-1227

Date Filed 9-27-48

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 *Lynnan Steele*
Licensed Embalmer No. *2476*
P. O. Address *Dexter 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.