DEC'T OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31802
Do not use this space.

PLACE OF DEATH

(a) County: Butler

(b) Township: ~~Poplar Bluff~~

(c) City: Poplar Bluff

Registration District No.: 89

Primary Registration District No.: 3007

Registered No.: 167

(d) Street No.: Lucy Lee Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME: Robert Wilcox Lampmann

(a) Residence, No.: 1104 Short Grand Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Georgia Lampmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16, 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	5.	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Parts Man.

9. Industry or business in which work was done, as saw mill, bank, etc.: Auto Parts Co.

10. Date deceased last worked at this occupation (month and year): 9-3-38

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Omaha Nebraska

FATHER

13. NAME: Wm. Lampmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Ada Wilcox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Omaha Nebraska

17. INFORMANT (ADDRESS): Georgia Lampmann Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn Cem. DATE: Sept. 6 1938

19. FUNERAL DIRECTOR (NAME): Greer-Croy Service
(ADDRESS): Poplar Bluff, Mo.

20. FILED: 9/6 1938 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:10 p. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage and shock	

Other contributory causes of importance:

automobile wreck

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 4, 1938

Where did injury occur? Butler County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
public highway

Manner of injury: automobile wreck

Nature of injury: internal injuries

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Grover W. Greer Coroner M. D.

(Address) Poplar Bluff Mo

Licensed Embalmer's Statement on Reverse Side)

JAN 12 1950

210 m
22

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, ...

Grover W. Greer, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Grover W Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31802
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City Poplar Bluff (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert W. Lampmann
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years 30 | Months 8 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage and shock	

Other contributory causes of importance:
automobile Wreck with fixed object lost control of car going high rate speed and turned over in drainage ditch

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-4, 1938
Where did injury occur? Butler Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway
Manner of injury auto accident
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Grover W. Geeger, M. D.
(Address) Poplar Bluff Mo

SUPPLEMENTARY