

FILED NOV 12 1940
Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 3977

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution 2311 Wabash
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harriet J. Lampkin

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

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

6. (b) Name of husband or wife Mozie Lampkin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 17th 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business Barber Shop

12. Name West Lampkins

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

14. Maiden name Marie Ballou

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

16. (a) Informant Mozie Lampkin

(b) Address 2311 Wabash

17. (a) Burial (b) Date thereof 10-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director J. H. Fisher

(b) Address 1217 Pine St

19. (a) 10-16-40 (Date received local registrar) (b) M. M. Groves (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Jackson City (If outside city or town limits, write "RURAL")
(d) Street No. 2311 Wabash (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1940 hour 7 minutes 45 A.M.

21. I hereby certify that I attended the deceased from July 9, 1936 to Oct 13, 1940 that I last saw him alive on Oct 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to nephritis Chronic

Due to 131

Other conditions Bronchitis Chronic (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? _____

While at work? Yes (Specify type of place) _____ Means of injury 1

23. Signature J. H. Fisher (M. D. or other) _____ Address 4211 Central St Date signed 10/14/40

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

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.....

Julius A. Fierth

Licensed Embalmer No. *2229*

P. O. Address. *1212 York St*

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.