

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11109

Registration District No. 14

Primary Registration District No. 5587

Registrar's No. D

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days)In this community
years, months or days3. (a) PRINT FULL NAME Forest Berry Lampman8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex M 0 5. Color or race Wk 6. (a) Single, widowed, married, divorced On

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

7. Birth date of deceased Feb 5 1941
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 0 19 hr. min.9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Henry T. Lampman18. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Missie Hoch15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant H. J. T. Lampman(b) Address No. 2 S. Oxford Mo.17. (a) Rural (b) Date thereof Feb 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fredex Cem. Pettis Co. Mo.18. (a) Signature of funeral director W. J. Hines(b) Address Warrensburg Mo.19. (a) 2-2-41 (b) H. J. Lampman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 3-1(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1941 hour _____ minute 10 P. M.21. I hereby certify that I attended the deceased from Feb 22
1941, to Feb 24, 1941
that I last saw him alive on Feb 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Pneumo Pneumonia

Due to _____

Due to _____

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? _____
(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 D. L. Bradley (M. D. or other) DAddress Warrensburg Date signed Feb 24

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

609

RECEIVED
District Health Officer No. 8,
District File Number 4-15-41
Date Filed

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 _____

(not embalmed)

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.