

FILED APR 8 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1238

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St Lukes Hosp

(d) Length of stay: In hospital or institution 20 days

In this community 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Moulton Rural

(d) Street No. _____

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Claud W. Lampkin

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1942 hour 12 minute 11 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud O. Oliver Lampkin

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Apr 8 1874

21. I hereby certify that I attended the deceased from March 9, 1942 to March 29, 1942 that I last saw him alive on Mar 29th 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 11 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Subhepatic abscess Gastric polyp

9. Birthplace Appleton City Mo

Due to _____

Due to _____

10. Usual occupation Farming

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

11. Industry or business Ethelbert Lampkin

Major findings: Of operations _____

12. Name Ethelbert Lampkin

Of autopsy As stated

13. Birthplace UNKNOWN Virginia

14. Maiden name Emma Heston

15. Birthplace UNKNOWN Mo

16. (a) Informant Maud O. Lampkin

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Mar 31-1942

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director H. W. Newcomer's Sons

(b) Address 1401 Birch Creek K.C. Mo.

19. (a) 3-29-42 (b) M. H. Brown

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? _____

While at work? _____ (Specify type of place)

23. Signature A. E. Carlson M.D. (M. D. or other) _____

Address 1530 Mt. Bluff K.C. Mo. Date signed 3-29-42

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.....

Harvey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

H. C. 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.