S. No. 2
M—9-4-41
v. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9733

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1387

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4324 Belleview Avenue - Apt. # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- 1 (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4324 Belleview Avenue - Apt. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Miss Lyda Lumpkin

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex 1 Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 50 | Months | Days | If less than one day hr. min.

9. Birthplace Port Royal (City, town, or county) 1 Virginia (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name Joseph B. Lumpkin
13. Birthplace Richmond (City, town, or county) 1 Virginia (State or foreign country)

MOTHER
14. Maiden name Eliza Ball
15. Birthplace Unknown (City, town, or county) 1 Virginia (State or foreign country)

16. (a) Informant Acrena Lumpkin
(b) Address 4324 Belleview Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 1940, 19..., to April 6, 1942 that I last saw her alive on April 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute & Chronic Myocarditis	2 years
Acute & Chronic Nephritis	2 years
Due to	
131 b	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Horace F. Flanders (M. D. or other)
Address 522 Prog Bldg Date signed 4/7/42

(Licensed Embalmer's Statement on Reverse Side)

522 Original Body
10-11-23

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 Earle M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.