V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

36
5
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -7 1943

Registration District No. 773

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40687

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Union
(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 ..... (Specify whether years, months or days)
In this community: 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Union Mo
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Mary Margaret Lampkin
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept. 21, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	2	25	hr. — min.

9. Birthplace: Union, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: .....
11. Industry or business: .....
FATHER
12. Name: Oscar Ray Lampkin
13. Birthplace: Morrison, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Arlene Doral Lampkin
15. Birthplace: Union, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Oscar Ray Lampkin
(b) Address: Union, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Union, Mo.
18. (a) Signature of funeral director: Will H. Horn
(b) Address: Union, Mo.
19. (a) 12/16/42 (Date received local registrar) (b) Donald A. Piper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1942 hour 4 minute 45 P.m. M.
21. I hereby certify that I attended the deceased from 12-11, 1942, to 12-12, 1942, that I last saw her alive on 12-13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Colitis and Ileitis	
pneumonia	3 days
Due to 108	
Due to	
Other conditions: Vincent's Angina (Include pregnancy within 3 months of death)	

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: H. M. Denny (M. D. or other) MD
Address: Union Mo Date signed 12-16-42

1119

(Licensed Embalmer's Statement on Reverse Side)

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 Wm H. Horn

Licensed Embalmer No. 3175

P. O. Address Marion, 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.