

FILED MAY 3 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4013 Holly /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **29 Yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **4013 Holly**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry F. LAMPING.**

3. (b) If veteran, name war **No**

3. (c) Social Security # **No 485-07-6527**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Gertrude Lamping**

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

7. Birth date of deceased **July 7th 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **28** If less than one day **hr. min.**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Marble Worker**

11. Industry or business **K. C. Marble & Tile Co.**

MOTHER FATHER { 12. Name **Henry F. Lamping**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name: **Antoinet Greasey**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Lamping #3**

(b) Address **4013 Holly.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-8-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **K. C. Mo.**

19. (a) **4-6-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th** year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **9-18** to **April 5** 19**43**
that I last saw him alive on **April 4** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Heart failure**
Hypertrophy + dilatation of heart
Due to **Essential hypertension**

Duration **1 week**
3-year

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **P. M. Thomas** (M. D. or other) _____
Address **1401 SW Blvd** Date signed **4-5-43**

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.....

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, fact should be so stated above.