

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11683

State File No. _____
Registrar's No. 22

Registration District No. 270

Primary Registration District No. 250

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
In this community 42 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 322 West 11th St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Charles C. Lumpkins
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7,
year 1944 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from 2/2/44, 19____, to 3/7/44, 19____,
that I last saw him alive on 3/5/44, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Kruzianna Lumpkins
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased November 6, 1861
(Month) (Day) (Year)

Immediate cause of death Endocarditis
Due to Arterio-sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 82 Months 4 Days 1
If less than one day _____ hr. _____ min.
9. Birthplace Crockett County, Tennessee
(City, town, or county) (State or foreign country)

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 Garthinski (M. D. or other) _____
Address Caruthersville, Mo. Date signed 3/10/44

10. Usual occupation Farmer
11. Industry or business Same as above
12. Name Robert C. Lumpkins
13. Birthplace East Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ann McGee
15. Birthplace East Tennessee
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Gray Lumpkins
(b) Address Little Rock, Arkansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-44
(Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director J. D. Hoar
(b) Address Caruthersville, Mo.
19. (a) 2-12-1944 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

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

MOTHER FATHER

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

1226

3-44-68

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.