

3. No. 2
M-5-43
5-17-39
I X36871

FILED AUG 11 1947

Registration District No. _____ Primary Registration District No. **5242** Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **Christian**

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

(c) Name of hospital or institution:
RURAL, Bee Branch TWP.
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Christian 21**

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

(d) Street No. **Bynumville Mo**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ALBERT JOHNSON LAMPE**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Ella Lampe**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **5 10 1876**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22** year **47** hour **3:15** minute **P** M

21. I hereby certify that I attended the deceased from on date of **death only** to _____

that I last saw him alive on **June 22, 47**, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **1 hr.**

Duration _____

8. AGE:

Years	Months	Days	If less than one day
71	1	12	hr. _____ min. _____

9. Birthplace **Bynumville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Carpenter**

11. Industry or business _____

12. Name **Cris Lampe**

13. Birthplace **Germany** **Form 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Bumdecher**

15. Birthplace **Germany** **Form 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella Lampe**

(b) Address **Bynumville Mo**

17. (a) **Under** (Burial, cremation, or removal)

(b) Date thereof **6/23-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Bynumville Mo**

18. (a) Signature of funeral director **Paul G. Thompson**

(b) Address **Bynumville Mo**

19. (a) **6/22/47** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

Due to _____

Due to _____

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

Major findings: **94H**

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? _____

23. Signature **[Signature]** (Specify type of place) _____

(e) Means of injury _____

Address **Bynumville Mo** Date signed **6-23-47**

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

MOTHER FATHER

