

FILED JAN 14 1948

Registration District No. 377

Primary Registration District No. 4456

Registrar's No. 2

1. PLACE OF DEATH  
 (a) County St. Clair  
 (b) City or town Appleton City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
(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 56 yrs

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Clair 93  
 (c) City or town Appleton City 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 \_\_\_\_\_

3. (a) PRINT FULL NAME Anne Lampkin  
 (b) If veteran, name war none  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH Month Jan day 2  
 year 1948 hour 2 minute P M.

4. Sex female 5. Color of race white  
 6. (a) Single, widowed, married, divorced Widow  
 (b) Name of husband or wife Ben Lampkin  
 (c) Age of husband or wife if alive 10 years  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1  
 1947 to Jan 2 1948  
 that I last saw her alive on 1 2 1947  
 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 11 Days 22  
 If less than one day hr. min.

Immediate cause of death Heart failure

9. Birthplace Appleton City MO  
(City, town, or county) (State or foreign country)

Due to Metastasis of carcinoma of breast

10. Usual occupation Housekeeping

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings:  
 Of operations 50  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name Joseph Wilson

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

14. Maiden name Susan Buck

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

16. (a) Informant Ruth Stewart  
 (b) Address Montross mo

17. (a) Burial (b) Date thereof 1-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City mo

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 0

18. (a) Signature of funeral director Frank Lee  
 (b) Address Appleton City mo  
 19. (a) Jan 5-48 (b) Mrs. Ole Abney  
(Date received local registrar) (Registrar's signature)

23. Signature A. P. Hansen (M. D. or other) MD  
 Address Appleton City mo Date signed 1-5-48

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

RECEIVED  
District Health Officer No. 7,  
District #101 Number 12-N-7-8059  
Date Filed 1-15-48

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 \_\_\_\_\_  
on the 2<sup>nd</sup> day of Jan 1948, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.