No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1948

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11750

Primary Registration District No. 3010

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 912 Broadway
(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 —

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Glenn Lumpkins

3. (b) If veteran, name war

3. (c) Social Security No. 492-16-649

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allie Laverne Lumpkins

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July (Month) 27th (Day) 1904 (Year)

8. AGE: Years 43 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Arlington (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Wm. Lumpkins
13. Birthplace Arlington (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name E. Donia
15. Birthplace Arlington (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mr. Lewis Lumpkins
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director James R. Cady
(b) Address Cape Girardeau, Mo.

19. (a) 4-29-1948 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-5, 1948, to 4-26, 1948; that I last saw him alive on 4-24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 55F

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 G. A. Reynolds (M. D. or other)

Address Cape Girardeau, Mo. Date signed 4-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 548-569
Date Filed 5-3-48

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Cape Girardeau, 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.