No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37597

Registration District No. 274 Primary Registration District No. 5933 Registrar's No. 340

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (Rural) Longwood Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Public Highway #65 - 11 mi North Sedalia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 305 W. Morgan 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jeffery C. Lumpkins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 24 (Day) 1926 (Year)

8. AGE: Years 22 Months 6 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Gainesville (City, town, or county) Florida (State or foreign country)

10. Usual occupation Music Instructor

11. Industry or business

FATHER
12. Name Jefferson Lumpkin
13. Birthplace Hague (City, town, or county) Fla. (State or foreign country)

MOTHER
14. Maiden name Louise Lawton
15. Birthplace Allendale (City, town, or county) S.C. (State or foreign country)

16. (a) Informant Mr. Rodolphus Lumpkin
(b) Address 111 Spruce St. Hartford Conn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Annex Sedalia, Mo.

18. (a) Signature of funeral director [signature]
(b) Address 400 W Cooper St.

19. (a) 11-24-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 18 year 1948 hour 1:30 minute a. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner 11/18/48, 19..., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fire	
Due to auto wreck	
Due to Tire Blow out	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 170 c-d 20	
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) accident 80

(b) Date of occurrence 11/18/48

(c) Where did injury occur? Hiway #65 (City or town) Pettis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway #65 (Specify type of place)

While at work? no (e) Means of injury car 5

23. Signature Dr. K. L. Holden (~~M.D.~~ or other) D.O.

Address 315 Ely Bldg Sedalia Mo Date signed 11/18/48

coroner

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-2-48

DEC 3 1948

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 J Eric Alexander

Licensed Embalmer No. 10745

P. O. Address Sedalia 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.