FILED APR 12 1940

V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9902

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1336

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2402 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 2402 Flora
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Dora Lampkins 512
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Austin Lampkins
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Unknown (Month) (Day) 1865 (Year)

8. AGE: Years 74 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Miami (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John Stevens
13. Birthplace ____ (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Jennie
15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mollie Hollis
(b) Address 2402 Flora
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Miami, Missouri
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia
19. (a) Mch 26, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1940 hour 4 minute 05 P. M.
21. I hereby certify that I attended the deceased from Jan 22, 1940 to Mch 23, 1940
that I last saw her alive on Mch 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis & Myocarditis — Duration 61 days
Due to — 93 N
Due to —
Other conditions Congestion of lungs
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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

22. If death was due to external causes, fill in the following: no
(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 [illegible] (M. D. or other)
Address [illegible] Date signed Mch 23 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Munlore

Licensed Embalmer No. 3994

P. O. Address 1120 E. 28th

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, above space should be left blank.