

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38857

FILED DEC 10 1943

Registration District No. 210

Primary Registration District No. 3050

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 38 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 322 West 11th Street
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Sarah Fruzanna Lumpkins

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles C. Lumpkins 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased January 31, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>26</u>	hr. _____ min.

9. Birthplace Milan, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name James Hasting

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

14. Maiden name Betty Neely

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

16. (a) Informant Muriel Franklin

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, MO.

18. (a) Signature of funeral director J. P. La Forge
(b) Address Caruthersville, Mo.

19. (a) 11-27-1943 (b) Jesse W. Marney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26, year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from NOV. 26, 1943 to NOV. 26, 1943; that I last saw HER alive on NOV. 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 15MIN.

Due to MALIGNANT HYPERTENSION 8YRS.

Due to _____

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

Major findings: 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 CARUTHERSVILLE, MO. (M. D. or other) XXXX
Date signed 11-30-43

1206

(Licensed Embalmer's Statement on Reverse Side)

11-43 - 324

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. L. La Forge

Licensed Embalmer No. *3082*

P. O. Address *Cautherville, 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.