MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35919
Do not use this space.

NOV 8 1938

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 403
(b) Township ~~Kaw~~ Brooking — Primary Registration District No. 5557 — Registered No.
(c) City Kansas City — (d) Street No. Route #3 K.C. Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 513 Mrs. Lucinda Hampton
(a) Residence, No. Route #3 K.C. Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B. F. Hampton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1849
7. AGE: YEARS 89 — MONTHS 3 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co. 0

FATHER
13. NAME: David Breeze 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill 0

MOTHER
15. MAIDEN NAME: Elizabeth Spalding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. E. L. Cheatham Route #3 KC Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bates City Mo. DATE Oct. 14 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. N. Newcomer's Sons Brushcreek + Pasco
20. FILED 10-18, 1938 D. M. Cubank Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-1-38, 19.., to 10-12-38, 19..
I last saw her alive on 10-8-38, 19.. Death is said to have occurred on the date stated above, at 3:25 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	6-1-38
127	

Other contributory causes of importance:

Senility with Chronic Cholecystitis	6-1-38

Name of operation ..... Date of .....
What test confirmed diagnosis? Venereal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 12 Realty Bldg K.C. Mo.

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Lawrence Carr

Licensed Embalmer No 4031

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.