

DEC 1 9 1938

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

39552
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Warrensburg Primary Registration District No. 3023
 (c) City Warrensburg (d) Street No. _____ 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

514 Amos Wampler
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Wampler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18. 1858.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 0 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dayton (STATE OR COUNTRY) Ohio

FATHER 13. NAME Joseph Wampler
 14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lydia A. Wolfe
 16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT (NAME) John Wampler (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerview DATE Nov. 15 1938

19. FUNERAL DIRECTOR (NAME) Sweeney Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Nov. 14 1938 Echa Renty Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1938, to Nov. 13 1938
 I last saw him alive on Nov. 13 1938. Death is said to have occurred on the date stated above, at 3:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Nov. 8

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? chest 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) Chas. S. Johnson, M. D.
 (Address) Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38

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,

Earl Priest

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Earl Priest

Licensed Embalmer No.

3878

P. O. Address

Warrensburg 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, above space should be left blank.