

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

44871
Do not use this space.

JAN 5 1939

1. PLACE OF DEATH
 (a) County North Registration District No. 983
 (b) Township South Primary Registration District No. 4545
 (c) City Grant city (d) Street No. _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Junior Alva Hamplin
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 6

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.

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) (STATE OR COUNTRY) Grant city Mo.

FATHER 13. NAME Alva Hamplin 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foreston Mo.

MOTHER 15. MAIDEN NAME Marie Baker 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant city Mo.

17. INFORMANT (ADDRESS) Alva Hamplin Grant city, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hicks Cem. DATE 12/12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Duffee Grant city, Mo.

20. FILED 1-7 1939 Fred M. M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-11 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-7 1938 to Dec-11 1938
 I last saw him alive on Dec 10 1938 Death is said to have occurred on the date stated above, at 11:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Toraxen of Duale failed to close in heart

Date of onset 5 days

Other contributory causes of importance: 157° C

Name of operation no Date of _____
 What test confirmed diagnosis? clinical findings 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 no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) R. J. Kasser M.D. M. D.
 (Address) Grant city, Mo.

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.

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

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.