

DEC'D FEB 23 1939

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

2700

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township Jasper Primary Registration District No. 3021 Registered No. 11
 (c) City or West City (d) Street No. 702 WEST FIRST 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

(a) Residence, No. 702 West 5th 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 Mrs. Mattie Wampler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1860
 7. AGE YEARS 78 MONTHS 7 DAYS 24 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. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denton Ohio
 FATHER 13. NAME John Wampler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Susan Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mrs. Mattie Wampler West City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem. DATE Feb 2 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) West City Ind. Co. West City, Mo.
 20. FILED JAN. 31. 39 19 West City, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 30 1939
 22. I HEREBY CERTIFY, That I attended deceased from 11 19 38 to 1 30 19 39
 I last saw him alive on 1-25 19 39 Death is said to have occurred on the date stated above, at 9:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate Date of onset 11-38
 Other contributory causes of importance: Sandaly
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) W. A. Sandaly M. D.
 (Address) West 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.

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11
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RECEIVED

District Health Officer No. 6,

District File Number 6-39-398

Date Filed FEB 17 1939

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 2,922

P. O. Address Webb City, Mo.

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

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