DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAY 1 3 1940

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5034

State File No. 14185

Registrar's No. 50

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.

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: R.F.D. #1, Mexico, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 18yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. R.F.D. #1, Mexico (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Margaret Hampton

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Hampton

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 15th (Month) (Day) 1854 (Year)

8. AGE: Years 85 Months 11 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Covington (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation None

11. Industry or business 1

FATHER
12. Name Thomas Culbertson
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country)

16. (a) Informant's own signature Mrs Grace Johnson

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E Pruitt

(b) Address Mexico, Mo.

19. (a) April 26 1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25 year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coroner Case.	
Due to Natural Causes.	
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 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature B M Marlow Coroner (M. D. or other)

Address Mexico Mo Audrain County. Date signed 4/25 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1C
District File Number 5-40-919
Date Filed MAY 7 1940

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 Earl E. Precht, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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