DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36640

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Warren

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

(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Wright City Rural Wabash
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME William Edgar Hampton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July (Month) 8 (Day) 1857 (Year)

8. AGE: Years 83 | Months 3 | Days 4. | If less than one day _____ hr. _____ min.

9. Birthplace Nodaway Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business _____

FATHER
12. Name Geo Hampton.
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thurca Taylor
15. Birthplace Cooper Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry A. Nickles

(b) Address Wright City, Mo

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Oct 13 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem.

18. (a) Signature of funeral director Nieburg F & U Co

(b) Address Wright City Mo. 807

19. (a) 10/13/40 (Date received local registrar) (b) A. W. Ebeling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th year 1940 hour 9 minute 10 A M.

21. I hereby certify that I attended the deceased from Oct 1, 1940, to Oct 9, 1940; that I last saw him alive on Oct 7, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: uremia	
Due to: Cardio vascular renal degeneration	1 year
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? No (Specify type of place)

While at work? No (e) Means of injury None

23. Signature Charles L. Garcia (M. D. or other)

Address Warrenton Date signed 10/13/40

(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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.