

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42088**

Registration District No. **136**

Primary Registration District No. **5194**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Carroll**
(b) City or town _____
(c) Name of hospital or institution: **Rural De Witt T.P. 707**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **60 yrs** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**
(c) City or town **Rural De Witt T.P.** (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 **Peter Burt Wampler**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed; married, divorced **Married**
6. (b) Name of husband or wife **Emma Bell Wampler** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **7 8 1886** (Month) (Day) (Year)

8. AGE: Years **84** Months **5** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **De Witt Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____
12. Name **Charles Wampler**
13. Birthplace **Virginia** (City, town, or county) (State or foreign country)
14. Maiden name **Lavina Hall**
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Appie B. Wampler**
(b) Address **De Witt Mo**

17. (a) **Evergreen Cem** (b) Date thereof **12-31-1940** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Evergreen Cem**

18. (a) Signature of funeral director **Walter Marshall**
(b) Address **Carroll, Mo**

19. (a) **12-31-40** (b) **Alta Henderson** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **30** year **1940** hour _____ minute **4 a. M.**

21. I hereby certify that I attended the deceased from **Dec 29th 1940** to **Dec 30**, 19 **40** that I last saw him alive on **Dec 29th 1940**, 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza** Duration **1 Da.**

Due to _____
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? _____

131 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H.A. Sauls** (M. D. or other) _____
Address **De Witt Mo** Date signed **12/30/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number 17-7-17
Date Filed

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carroll, 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.