

LED MAR 20 1941 96
Registration District No. _____

Primary Registration District No. 40 5-8

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

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Charles HENRY Lampton (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Charles Henry Lampton

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Dec 19 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 0 If less than one day
hr. _____ min. _____

9. Birthplace Bath (City, town, or county) Ill (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name James Madison Lampton

13. Birthplace Rowsville Ky (City, town, or county) (State or foreign country)

14. Maiden name Frances Robinson

15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant W.W. Justice

(b) Address Hamilton Mo.

17. (a) Highland (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director A.P. Haughton

(b) Address Hamilton Mo.

19. (a) Feb 21 1941 (b) Marle Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1941 hour 7 PM minute 0 M.

21. I hereby certify that I attended the deceased from Feb 16 1941 to Feb 19 1941
that I last saw him alive on Feb 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia both lungs
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) Chronic Nephritis
Atherosclerosis

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? _____
While at work? 100 (Specify type of place) (e) Means of injury _____

23. Signature Lee Gads (M. D. or other) 1
Address Hamilton, Mo Date signed 2-20-41

5-33
2-30

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 _____

G.R. Houghton

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

G.R. Houghton

Licensed Embalmer No. 3854

P. O. Address Hamilton, 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.