

MAR 19 1941
Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **50**

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Jan 25 to Feb 2nd 1941
In this community to February 2nd 1941
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 901 So. Moniteau
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Jesse R. Hampton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Hampton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 2 hr. min.

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

10. Usual occupation Salesman (Retired)

11. Industry or business Hardware

12. Name Jobe Hampton

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

14. Maiden name Mary Hampton

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

16. (a) Informant R. L. Hampton

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Feb. 4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia

19. (a) 2-3-41 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1941 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1, 1933 to February 2, 1941;
that I last saw him alive on February 2nd, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1933

Due to Chronic Nephritis - Glomerular 1933
Arteriosclerosis 1933

Due to Influenza Jan 10th 1941

Other conditions 1918
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

23. Signature J. B. Currier M.D. (M. D. or other) 11
Address Sedalia Mo Date signed 2-3-41

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

Duration	PHYSICIAN
1933	Underline the cause to which death should be charged statistically.
1933	
Jan 10th 1941	

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

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

If this body is not embalmed, fact should be so stated above.