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FILED FEB 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19415
State File No.

Registration District No. 31 Primary Registration District No. 4022 Registrar's No. 24

1. PLACE OF DEATH:
(a) County BARRY
(b) City or town PURDY
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
PURDY Missouri 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 _____
years, months or days)

3. (a) PRINT FULL NAME Grace Perry Hampton Keener
8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (e) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JAMES B. HAMPTON 6. (c) Age of husband or wife if alive DEC. years
7. Birth date of deceased April 28 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 27 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business
12. Name BLAKE PERRY
13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name NANCY WILLIAMS
15. Birthplace UNK. KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. HAMPTON
(b) Address TULSA, OKLA.

17. (a) BURIAL (b) Date thereof 2-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HAZEL WOOD CEMETERY

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL
(b) Address SPRINGFIELD, Mo.
19. (a) 2-28-41 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BARRY
(c) City or town PURDY
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 23rd
year 1941 hour _____ minute 3 P M.
21. I hereby certify that I attended the deceased from Feb 23, 1941, to Feb 25, 1941;
that I last saw her alive on Feb 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Influenza
Due to invalid for many years
Other conditions Organic Heart Disease
(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?
(Specify type of place) (e) Means of injury _____
23. Signature B. B. Kelly (M. D. or other) _____
Address Purdy Mo Date signed 2-23-41

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

RECEIVED
District Health Officer No. 6,
District File Number 641-826
Date Filed JUN 2 1941

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

Wayne Pearce

Licensed Embalmer No. 3444

P. O. Address Grovesville

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.