

No. 2  
-13-40  
-17-39  
X23159

FILLED NOV 6 1941

Registration District No. 411 Primary Registration District No. 3021 Registrar's No. 89

49  
36  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town WEBB CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
818 S. JEFFERSON  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper <sup>049</sup>

(c) City or town Webb City <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 818 S. Jefferson  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Dwight Chew Wampler

3. (b) If veteran, name war /

3. (c) Social Security No. 1

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased May 18 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 1941  
year 1941 hour 12:45 minute AM M.

21. I hereby certify that I attended the deceased from April 5 1937 to Oct 15 1941;  
that I last saw him alive on Oct 15 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 4 27 hr. min.

Immediate cause of death Coronary Occlusion <sup>Duration 10 days</sup>

Due to Fernicious Anemia

Due to \_\_\_\_\_

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

10. Usual occupation Retired

Other conditions (include pregnancy within 3 months of death)

Major findings: None. <sup>94a</sup>

Of operations None.

11. Industry or business

12. Name Wm. C. Wampler

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

14. Maiden name Emma Graves

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

Of autopsy None.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss J. A. Kellogg

(b) Address Webb City, Mo.

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

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Webb City, Mo.

(b) Address Webb City, Mo.

19. (a) OCT. 17, 1941 (b) D. C. Buckner  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of plant) (e) Means of injury 0

23. Signature J. P. ... (M. D. or other) MD.

Address Joplin, Mo. Date signed 10-16-41

41-11-891.

MAR 2 1947

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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 Mysel  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Rayton M. Johnston  
Licensed Embalmer No. 3,922  
P. O. Address Webb City, 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.