

FILED FEB 12 1942
Registration District No. _____

Primary Registration District No. 4165

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

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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 Louanna Mae Hampton

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

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

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

7. Birth date of deceased January 25 1942
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Oden Eugene Hampton

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

14. Maiden name Eileen Livermont

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

16. (a) Informant Mrs. V. O. Hampton

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof Jan. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TurkeyCreek

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 2/2/42 (b) Shelton S. Haters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 34
 (a) State Missouri (b) County Douglas
 (c) City or town Ava
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1942 hour 4 minute 30 P.-M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory Failure
 Due to: Pneumonia
 Due to: _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 159
 Of operations: _____
 Of autopsy: _____

Duration _____
 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. C. Haters (M. D. _____)
Address ava mo Date 2-2-42

Dr. M. E.;

Parents did not think it necessary to embalm body since they were putting it away the following day.

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..... *M. B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address.....

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, fact should be so stated above.