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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6674

Primary Registration District No. 2001

Registrar's No. 93

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

9
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9½ hours (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mine 39

(c) City or town Springfield ~~Mine~~ 1
(If outside city or town limits write "RURAL")

(d) Street No. 504 S Broadway 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Jane Hampton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr R C. Hampton

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. (Month) 1 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	1	1	..... hr. ..... min.

9. Birthplace Sharp County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Richard Hamilton

(b) Address Dickens, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Dickens

18. (a) Signature of funeral director J. N. Bevans

(b) Address Forsyth Mo.

19. (a) 2-3-42 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1942 hour 5 minute [illegible] M.

21. I hereby certify that I attended the deceased from Jan. 18, 1942, to Feb 2, 1942;
that I last saw her alive on Feb 2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency due to chronic myocarditis	
Due to Bronchitis Chr Bronchial Asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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)

While at work? (e) Means of injury

23. Signature James E Dewey (M. D. or other)

Address Medical Arts Bldg Springfield Mo Date signed 1/2 42

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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, above space should be left blank.