

14031

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 1 1942

Registration District No. 182

Primary Registration District No. 4108

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Cleider
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Cleider
(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.

3. (a) PRINT FULL NAME Lois Mollie Wampler

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 married
6. (b) Name of husband or wife Javin Wampler 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 16 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 9 16 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name FRANK HAIR

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

14. Maiden name Patsy ESTES

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

16. (a) Informant's own signature John Deeds

(b) Address Cleider, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 41 (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Chapel

18. (a) Signature of funeral director J. W. Wampler

(b) Address Cleider, Mo.

19. (a) April 1, 1941 (Date received local registrar) (b) Martha Necha (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1941 hour 7:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 15th, 1941, to March 12, 1941
that I last saw her alive on March 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) H&B

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury 2

23. Signature R. C. Mitchell (M.D. or other) D.O.
Address Box 324 Republic, Mo. Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

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

Rev. 8-17-39
1-10851

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1942

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.