

FILED JUN 11 1942 399

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution H.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 8 days
(Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2836 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Hampton

3. (b) If veteran, name war none 3. (c) Social Security No. 2-909-10-2173

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married 1 divorced married
6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Dec. 12-1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Brookly Clerk

11. Industry or business _____

MOTHER FATHER

12. Name Joseph G Hampton
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Nancy Joe Williford
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Hampton

(b) Address 2836 Troost

17. (a) burial (b) Date thereof 6-8-42
(Month) (Day) (Year)

(c) Place: burial or cremation Stardiner Kans

18. (a) Signature of funeral director W. G. Ferguson

(b) Address 422 Park Kansas

19. (a) 6/4 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
1942 year 1942 hour 10 minut 50 A.M. M.

21. I hereby certify that I attended the deceased from 8-27-42, 19____, to 6-5-42, 19____
that I last saw him alive on 6-5-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
Due to Primary Cancer of Adeno Lung
Due to 478
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy See above

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) Means of injury _____
23. Signature Dr. M. P. Thom (M. D. or other) _____
Address Dir. K.C. Gen. Hospital K.C. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

J. L. Walton

Licensed Embalmer No. *2744*.....

P. O. Address. *R. C. Mo*.....

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.