7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27314

State File No.

FILED SEP 10 1942

Registration District No. 1442 Primary Registration District No. 5556 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 24 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town Mountain View Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME John A Tampsett
3. (b) If veteran, name war ✓
3. (c) Social Security No. No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Tampsett
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan 4 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name John Tampsett
13. Birthplace Ohio (City, town or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Brown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Lizzie Tampsett
(b) Address Mtn View Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date Aug 19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Harbell Cemetary
18. (a) Signature of funeral director John F Inman
(b) Address Mtn View Mo
19. (a) Aug 19 1942 (Date received by local registrar) Ruth Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1942 hour 3. minute P.M.
21. I hereby certify that I attended the deceased from Aug 1 1942, to Aug 17 1942 that I last saw him alive on Aug-17-42 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94 b

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature T E Ferrell (M. D. or other)
Address Mountain View Date signed 8-20-42

1100 (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 John F Duncan

Licensed Embalmer No. 2516

P. O. Address Mt View 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.