

57
0
0

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

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town RURAL CLARK TWP.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINCOLN
(c) City or town RURAL CLARK TWP.
(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 JOHN ANTON HAMPEL
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26, 1942
year 1942 hour 7 minute 50 AM
21. I hereby certify that I attended the deceased from July 6, 1942 to June 26, 1942.
that I last saw him alive on June 25, 1942.
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife KATIE M. HAMPEL
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased OCT 20 1859
(Month) (Day) (Year)

Immediate cause of death Myocarditis
old age
Due to: 93 d

8. AGE: Years 82 Months 9 Days 6
If less than one day _____ hr. _____ min.

Due to: _____
Other conditions old age
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace MOSCOW MILLS MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business OWN FARM
12. Name HENRY HAMPEL
13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET MUTH
15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mrs. Helen M. Hampel
(b) Address Moscow Mills Mo.
17. (a) Burial (b) Date thereof JUNE 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moscow Mills Mo.
18. (a) Signature of funeral director Hempel Funeral Home
(b) Address Prof. Mrs. J. J. Muth
19. (a) Aug 11 42 (b) Mrs. Fay Jackson
(Date received local registrar) (Registrar's signature)

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 Dr. J. J. Alberto (M. D. or other)
Address Winfield Date signed 8/26/42

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 *Joseph J. Marsh*
Licensed Embalmer No. *3932*
P. O. Address *Prof. Mission*

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.