

FILED NOV 7 1942 201

Primary Registration District No. 5414

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Washington
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(d) Street No. Route 3
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Brownlaw L. Hampton

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year) _____

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

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Aaron Hampton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cox
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Aaron Hampton
(b) Address A. Ava, Missouri

17. (a) Burial (b) Date thereof 10-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cox
18. (a) Signature of funeral director Friends

(b) Address _____
19. (a) 11-4-42 (b) Shelms S. Hester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1940 to Oct 5 1942
that I last saw him alive on Sept 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Endo Carditis about 27 yrs

Due to Pneumonia Sept 18 Mon

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 92c
Of autopsy _____
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 R M Norman (M. D. or other) _____
Address Ava Mo Date signed Oct 9/42

Friends took care of body

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, fact should be so stated above.