

FILED DEC 5 1942 8

Registrar's No. 831

Registration District No.

Primary Registration District No. 2000

39
62

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maple Park Rest Home, 1201 N. Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 10 yr
years, months or days)

3. (a) PRINT FULL NAME Sarah Elizabeth Hampton
(b) If veteran, name war NO.
(c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. 20, 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 28
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name William Parker
13. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Hampton

(b) Address 332 W. Chestnut St. Springfield

17. (a) burial (b) Date thereof Nov. 23, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill cem

18. (a) Signature of funeral director T.W. Maples

(b) Address Cleaver, Mo.

19. (a) 11-23-42 (b) W. W. Handy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town 332 W. Chestnut Springfield
(If outside city or town limits, write "RURAL" and location)
(d) Street No. Springfield 332 W. Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1942 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 11-8 - 1942 to 11-18 - 1942
that I last saw her alive on 11-18
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocarditis with
with Arterio Sclerosis with
Due to thrombosis of peripheral
arteries. Immediate cause
of death

Duration
29 mo
24 hrs

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

Major findings:
Of operations 93d
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 C. E. Feller (M. D. or other)
Address Springfield Mo Date signed 11/23/42

984 (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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.

X