V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 37291

Registrar's No. 514

1. PLACE OF DEATH:

(a) County Jasper 44

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether In this community 60 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin Mo. 5 (If outside city or town limits, write "RURAL")

(d) Street No. West Twentieth St. near Oak Hill Golf Club. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Douglas Hampton

3. (b) If veteran, name war ----- 3. (c) Social Security No. ------

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

6. (b) Name of husband or wife Gertrude Hampton 6. (c) Age of husband or wife if Deceased years

7. Birth date of deceased Oct. Ioth (Month) 1857 (Day) (Year)

8. AGE: Years 85 Months I Days I2 If less than one day hr. min.

9. Birthplace Pickney Ville Ill (City, town, or county) (State or foreign country)

10. Usual occupation Baggage & Transfer

11. Industry or business Same

FATHER
12. Name No Record
13. Birthplace No record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant R B King
(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Mem Pk

18. (a) Signature of funeral director Hurlbut Und. Co
(b) Address Joplin Mo.

19. (a) 11-24-42 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1942 hour II minute A M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to Nov 22 1942 that I last saw alive on Nov 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 C. H. Jones (M. D. or other)
Address Galena Kans. Date signed 11/24/42

1004 (Licensed Embalmer's Statement on Reverse Side)

42-11-976

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 Perry K Hurlbut

Licensed Embalmer No. 9-9

P. O. Address Joplin 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.