

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16952

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2202

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Lake Side Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL.")

(d) Street No. 407 East 9th St. 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country XX

3. (a) PRINT FULL NAME STEPHEN N. Hampton

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1943 hour 12:55 minute A M.

4. Sex male 5. Color or race cauc

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife XXXX

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased August 5 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10<sup>th</sup> 1943  
to May 7<sup>th</sup> 1943  
that I last saw him alive on May 7, 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>3</u>	.....hr. ....min.

Immediate cause of death: Chronic Myocarditis Small gas

Due to Chronic Hypertension Small gas

Due to Heart's Expansion 2 rats

Other conditions (Include pregnancy within 3 months of death) 1313

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

Major findings: Flow

Of operations: Flow

Of autopsy: Flow

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Farmer

11. Industry or business XXXX

12. Name R. A. Hampton

13. Birthplace unknown N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wagoner

15. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

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? U

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 3054 Denison Date signed 5/8/43

16. (a) Informant Earnest Hampton

(b) Address 933 Linnesota, K.C. Kansas.

17. (a) Partial (Burial, cremation, or removal) (b) Date thereof May 10, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Holden, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 5-12-43 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

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

John P. Hall  
30347 No. 8635  
3/2/10

**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 Samuel B. Roper,  
Licensed Embalmer No. 4044  
P. O. Address Holden, 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.**