

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Huntsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Huntsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Grand Avenue
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Hampton

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 15 year 1943 hour 4:50 P.M. minute _____ M.

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

21. I hereby certify that I attended the deceased from June 1 1943 to June 15 1943 that I last saw him alive on June 5 1943 and that death occurred on the date and hour stated above.

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

Immediate cause of death Coronary Thrombosis Duration 30 min

7. Birth date of deceased August 6 1864
 (Month) (Day) (Year)

Due to arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

Due to _____

9. Birthplace Dedkald Mississippi
 (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation General Laborer

Other conditions Epilepsy - several
 (Include pregnancy within months of death)

11. Industry or business _____

Major findings: 94a

12. Name Jerry Hampton

Of operations _____

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

Of autopsy _____

14. Maiden name Unknown

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha Hampton

22. If death was due to external causes, fill in the following:

(b) Address Huntsville, Missouri

(a) Accident, suicide, or homicide (specify) _____

17. (a) burial (b) Date thereof 6/19/1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Huntsville Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Tom B. Patton

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Huntsville, Mo

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 7-1-43 (b) Mrs. D. V. Dreyer
 (Date received local registrar) (Registrar's signature)

23. Signature P. W. Dreyer (M. D. or other) M.D.

Address Huntsville, Mo Date signed 6/19/43

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

MOTHER FATHER

88
 1
 0

FILED AUG 4 1943

1027

RECEIVED

District Health Officer No. 10

District File Number 8-43-1204

Date Filed AUG 3 1943

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 Tom B Patton

Licensed Embalmer No. 3914

P.O. Address Huntsville, Tenn

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.