

FILED DEC 27 1943

Registration District No. 2

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1011 W. Davis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Daniel Hampton

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

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

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

7. Birth date of deceased Jan 1 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Frankford Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith retired

11. Industry or business

MOTHER FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Hampton
(b) Address Dallas Texas
17. (a) Burial Betty (b) Date thereof 12-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 12-10-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")
(d) Street No. 1011 West Davis (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from not seen by me 19 19
that I last saw him alive on 19 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 6 mos
1 (Probable) or more

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature Alfred R. Davis, M.D. (M.D. or other)
Address Poplar Bluff Date signed

RECEIVED

Health Office No. 2,
District File Number 213-1576
Date Filed 12-23-13

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

George W. Green

Licensed Embalmer No.

2964

P. O. Address

Poplar Bluff 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.