

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3833**
Registrar's No. **1**

FILED FEB 24 1944
Registration District No. **5888**

Primary Registration District No. **5888**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Rural- Big Creek**
(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 **45 yrs** (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME **William David Hampton**

3. (b) If veteran, name war
3. (c) Social Security No. **549-12-9659**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Blanch Hampton** 6. (c) Age of husband or wife if alive **7** years
7. Birth date of deceased **April 1898** (Month) (Day) (Year)

8. AGE: Years **45** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Ozark County** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business
12. Name **John Hampton**
13. Birthplace **Ozark Co. Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Celia Myers**
15. Birthplace **Iowa** (City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Hampton**
(b) Address **Lutie, Missouri**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-11-44** (Month) (Day) (Year)
(c) Place: burial or cremation **Lutie Cemetery**

18. (a) Signature of funeral director **Chas. H. Johnson**
(b) Address **Gainesville, Mo.**
19. (a) **1-11-1944** (Date received local registrar) (b) **Mary F. Johnson** (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ozark**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
January 9

20. DATE OF DEATH: Month **January** day **9** year **1944** hour **2** minute **40** A.M.

21. I hereby certify that I attended the deceased from **April 15** to **Jan 9**, 19**44**
that I last saw him alive on **Jan 5**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Rangetal Tuberculosis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

3 or more years

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) (c) Means of injury

23. Signature **M. J. Hoerman** (Date or other) **1-10-44**
Address **Gainesville, Mo.** Date signed

RECEIVED

District Health Officer No. 61

District File Number 244-147

Date Filed FFR 11 1944

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.....

W.B. Hutchison

Licensed Embalmer No.....

37131

P. O. Address.....

Yamessville

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.