

No. 2
5-42
17-39
X32873

State File No.

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Perreault No RT 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ind. Independence No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) None

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin ³⁵

(c) City or town Perreault RT 1-0
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME JAMES JACKSON HAMPTON

3. (b) If veteran, name war 910 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Doris 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 22, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Dunklin Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name James Buchanan

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

14. Maiden name Ellis Summers

15. Birthplace Stattard Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Harrison

(b) Address Perreault Mo

17. (a) Burial (b) Date thereof 3-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... ELY Elys Cemetery

18. (a) Signature of funeral director W T Emerita & Co

(b) Address Harrisville Mo

19. (a) 2/29/44 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1944 hour 12 minute 15 PM

21. I hereby certify that I attended the deceased from Feb 10,
1944, to Feb 28, 1944

that I last saw him alive on 2-25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis ✓

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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) (e) Means of injury..... 0

23. Signature J. P. Harrison (M. D. or other) MD
Address Perreault Mo Date 3/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 344-399

Date Filed 3-3-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 107

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Independence
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

James J. Hampton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 22 1891
(Month) (Day) (Year)

8. AGE: Years 58 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 28
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Tuberculosis

Pneumonia Tuberculosis
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operative ADDITIONAL SUPPLEMENTARY INFORMATION
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) (c) Means of injury _____

23. Signature J. Hampton (M. D., doctor) _____
Address Burnett St Date signed _____

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

SUPPLEMENTAL INFORMATION

7071