

FILED MAY 9 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 364

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp. n
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County Douglas 34
(c) City or town Roy, Rural 120
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1944 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from April
7, 1944 to April 25, 1944;
that I last saw him alive on April 25, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia from infection Rt. Arm
Due to _____

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
32 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Thomas Virgil Hampton

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ora Hampton 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: Jan 22, 1914
(Month) (Day) (Year)

8. AGE: Years 30 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Mayron Hampton
13. Birthplace Ava Douglas Co. Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Ivy to Bloomer
15. Birthplace Ozark, County. Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Hampton
(b) Address Roy, Missouri

17. (a) Removed (b) Date thereof 5 - 1 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Mo

19. (a) 4-27-44 (b) W. Handley
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature James E. Dwyer (M.D. or other) _____
Address Springfield, Mo Date signed April 26, 1944

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

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DEC 6 1950

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. *3731*

P. O. Address..... *Ana Md*

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.

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