. S. No. 2
00M—2-43
e 5-17-39
I . X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23713

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3111

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location) D

(d) Length of stay: In hospital or institution less than 1 day (Specify whether

In this community 75 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 603 W. 10th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME Lewellyn D. Hampton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Dora E

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

7. Birth date of deceased May (Month) 30 (Day) 1867 (Year)

8. AGE: Years 77 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Business Man

11. Industry or business Real estate

FATHER
12. Name Allen Hampton
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Rebecca Lewellyn
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Fred C. Hampton

(b) Address 3100 E. 75th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem/

18. (a) Signature of funeral director Earp Funeral Home

(b) Address K. C. Mo.

19. (a) 7-28-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., 19...; that I last saw h... alive on Deputy Coroner, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Wound of Head.

Due to

Due to 164 c

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

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) Suicide

(b) Date of occurrence July 27, 1944

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

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

While at work? No (e) Means of injury Gunshot

23. Signature A. E. Ussher (M. D. or other) M.D.

Address 28 McCoy Date signed 7/28/44

3.61

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address K.C. 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.