. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 36196

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4920

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: Menorah Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether

In this community 34 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2421 Lister 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph Wade HAMPTON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace K. Hampton

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 3, 1886 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired Maintainence Carpenter

11. Industry or business Main Post Office

FATHER
12. Name John Taylor Hampton
13. Birthplace Unknown (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name Caroline Francis Flanagan
15. Birthplace Saline County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Grace K. Hampton

(b) Address 2421 Lister K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Forest Hill~~ Elmwood

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 11-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 28 day th year 1945 hour about 7 P.M. minute M.

21. I hereby certify that I attended the deceased from 11-9-45, 19, to 11-28-, 1945 that I last saw him alive on 11-28-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hardening of Arteries

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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)

While at work? (e) Means of injury

23. Signature [signature] (Of M.D. or other)

Address 1310 Bryant Bldg Date signed 11-29-45

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(Licensed Embalmer's Statement on Reverse Side)

Bldg.
Ha 8495

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 J. H. Pryor

Licensed Embalmer No. 2999

P. O. Address Kenmo

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.