

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

**FILED** APR 22 1946

Registration District No. **147** Primary Registration District No. **1002**

**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:  
118 N. Bellaire /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 47 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Jackson **48**  
 (c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 118 N. Bellaire **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** GEORGE L. HAMPTON

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

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

**6. (b) Name of husband or wife** Rosalee **6. (c) Age of husband or wife if** 71 years  
alive

**7. Birth date of deceased** August 19, 1873  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>17</u>	hr. min.

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

**10. Usual occupation** Building Contractor

**11. Industry or business** Self

**12. Name** John Hampton  
**13. Birthplace** Va. (City, town, or county) (State or foreign country)

**14. Maiden name** Carylin  
**15. Birthplace** Unknown (City, town, or county) (State or foreign country)

**16. (a) Informant** Lenora Thomas  
**(b) Address** 118 N. Bellaire

**17. (a) Burial** **(b) Date thereof** 4/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Mt. Washington Cemetery

**18. (a) Signature of funeral director** C. H. Blackman & Son, Inc. (Specify type of place)  
**(b) Address** Kansas City, Mo. (c) Means of injury

**19. (a) 4-9-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 6  
year 1946 hour 5 minute 15 P. M.

**21. I hereby certify that I attended the deceased from** Feb 15, 1946 to April 6, 1946  
that I last saw him alive on April 6, 1946  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral Haemalox **Duration** 50 Hrs  
**Due to** Hypertension **2 yr**

**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 836  
**Of operations** \_\_\_\_\_  
**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?** \_\_\_\_\_

**23. Signature** R L St Clair **(M. D. or other)** \_\_\_\_\_  
**Address** 5242 St Joe **Date signed** 4-8-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
12063

**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.....

*H. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*H. 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.**