

No. 2
-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16067

State File No. _____

FILED JUN 13 1946

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City

(c) Name of hospital or institution: 2010 East 26th St. /
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 10 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 2010 East 26th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mildred E. Hampton

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. 635-28-4174

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1, 1946
Month May day 1 year 1946 hour 9 minute 20 P. M.

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

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

4. Sex Female 5. Color or White

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

6. (b) Name of husband or wife Joseph Hampton

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 23 1907
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Cervix Duration 1 yr.

8. AGE: Years 39 Months 0 Days 8 If less than one day XX hr. XX min.

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

11. Industry or business Home

Major findings: 480

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Joseph Henry Williams

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

14. Maiden name Allie Nichlos

15. Birthplace Burlington Junction Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Mr. Joseph Hampton

(b) Address 2010 East 26th St.

(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? City

17. (a) Burial (b) Date thereof May 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German Cem North Kan. Morton-Smith's

23. Signature [Signature] (M. D. or other) MD
Address [Address] Date signed 5-2-46

18. (a) Signature of funeral director [Signature]

(b) Address North Kansas City

19. (a) May 4 - 1946 Beverly Kitcher
(Date received local registrar) (Registrar's signature)

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

14959

RECEIVED

District Health Officer T. G. E.

District File Number

Date Filed

6-12-46

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 Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City, 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.