

S. No. 2
M-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITALS
FILED JUL 8 1946
STANDARD CERTIFICATE OF DEATH

State File No. **20064**
Registrar's No. **129**

Registration District No. **137** Primary Registration District No. **4218**

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

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(c) Name of hospital or institution:
608 East Florence
(d) Length of stay: In hospital or institution **3 years**
In this community **3 years**

3. (a) PRINT FULL NAME **Roy Dean Hampton**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Child**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 19 1943**

8. AGE: Years **3** Months **2** Days **20** If less than one day hr. min.

9. Birthplace **Green Ridge Missouri**
10. Usual occupation **child**

MOTHER FATHER
11. Industry or business _____
12. Name **Fred Hampton**
13. Birthplace **Windsor, Missouri**
14. Maiden name **Odes Ransdell**
15. Birthplace **Pettis County, Missouri**

16. (a) Informant **Fred Hampton**
(b) Address **Windsor, Missouri**
17. (a) **Burial** (b) Date thereof **6-9-46**
(c) Place: burial or cremation **Antioch Cemetery Pettis County, Mo.**

18. (a) Signature of funeral director **Huston-Turner**
(b) Address **Windsor, Mo.**
19. (a) **6-27-46** (b) **A. J. Jennings**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(d) Street No. **608 E. Florence**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **8** year **1946** hour **8:30 a** minute **M.**
21. I hereby certify that I attended the deceased from **June 8** to **June 8** 19**46**
that I last saw him alive on **June 8** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Streptococcus**
throat (hemolytic)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **115 N**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **A. J. Jennings** (M. D. or other) _____
Address **Windsor** Date signed **6-15-46**

RECORDED

District Office No. 7,

District No. 6-46-654

Date Filed 7-3-46

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 *E. W. Hester*.....

Licensed Embalmer No. 3391.....

P. O. Address *Wilmington*.....

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.