. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32604

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
419 N. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 419 N. Jefferson 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter Lampton

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Mary Lampton

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

7. Birth date of deceased Aug (Month) 12 (Day) 1872 ~~1772~~ (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Janus Lampton
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Amanda Wolf
15. Birthplace Boon Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Carlos Gilmon
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- (Month) 21- (Day) 46 (Year)
(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Clive Arnold Jr
(b) Address Mexico, Mo

19. (a) 10-3-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1946 hour 6 minute 5 p M.

21. I hereby certify that I attended the deceased from 5:30 P.M. Sept. 19, 1946, to 6:05 P.M. Sept. 19, 1946; that I last saw him alive on Sept. 19, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Acute Coronary occlusion	1 hour
Due to Coronary heart disease	6 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94A

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 2

23. Signature Dr. R. D. Swan (M. D. or other) D.O.
Address 100 S. W. Love St. Date signed 9/20/46

(Licensed Embalmer's Statement on Reverse Side) Mexico, Mo

RECEIVED
District Health Officer No. 10
District File Number 10-46-1819
Date Filed OCT 14 1946

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.