V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

32721

State File No.

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 19

**1. PLACE OF DEATH:**

(a) County Boone
(b) City or town Centralia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Boone
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. No East Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John B. Hampton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 4 (Day) 1878 (Year)

8. AGE: Years 68 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Centralia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business U.S. Post Office
FATHER
12. Name Albeline Monroe Hampton
13. Birthplace Greenville (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Martha Elben Coffelt
15. Birthplace Lafayette (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Mrs. John Hampton
(b) Address Centralia, Mo.
17. (a) Centralia (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia
18. (a) Signature of funeral director Grover Jennings
(b) Address Centralia, Mo
19. (a) Nov. 1-1946 (Date received local registrar) (b) Maud McBride (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 12th year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-6-46, 19 to 10-12-46, 19; that I last saw him alive on 10-12-46, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Massive Cerebral Hemorrhage | |
| Due to Cardio Renal Syndrome | |
| Due to Autointoxication | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. O. Baker, D.D. (M. D. or other)
Address Centralia - Mo Date signed 10-25-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11/6/46

DEC 9 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 Grover Jennigan

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.**