S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 5 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39847

Primary Registration District No. 3 018

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Francis O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 9 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Mo (b) County Cape Girardeau

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

(d) Street No. City 4
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Christine P. Hampton

3. (b) If veteran, name war No

3. (c) Social Security No. No-

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife No.

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

7. Birth date of deceased Nov. (Month) 21 (Day) 1946 (Year)

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Richard Hampton
13. Birthplace New Madrid Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Judy Teal
15. Birthplace Markhouse Mo (City, town, or county) (State or foreign country)

16. (a) Informant Richard Hampton
(b) Address New Madrid Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 (Month) (Day) 1946 (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director
(b) Address

19. (a) 1-17-47 (Date received local registrar) (b) C C Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 21 Nov, 1946, to 30 Nov, 1946;
that I last saw her alive on 27 Dec, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Congenital Deficiency	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1571
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 Louis Jamilto MD (M. D. or other)
Address New Madrid Mo Date signed 19 Dec 46

(Licensed Embalmer's Statement on Reverse Side)

44

RECEIVED

District Health Officer No. 4

District File Number 149-1

Date Filed 1-2-47

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed T. J. Collins

Licensed Embalmer No. 4346

P. O. Address New Mexico

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.

2B
15
3880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Christine P. Hampton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 21 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-17-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

39847