

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31502**
Registrar's No. **3919**

FILED SEP 23 1947

Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **4815 Holmes Street 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Month** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

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

(d) Street No. **115 S. McGregor**
(If rural, give location)

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

3. (a) PRINT FULL NAME **MRS. MARY LILY COLE WAMPLER**

(b) If veteran, name war **No**

(c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Ira Wampler**

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

7. Birth date of deceased **December 18th, 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	24hr.....min

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

10. Usual occupation **At Home**

MOTHER FATHER

11. Industry or business.....

12. Name **Joseph Cole**

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

14. Maiden name **Elizabeth Cole**

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

16. (a) Informant **Mrs. Irene Mevey**

(b) Address **Route #2 Carthage, Missouri**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **9 - 13 - 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Carthage, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd St. Kansas City, Mo.**

19. (a) **9-13-47** (Date received local registrar)

(b) **Sheraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **12th** year **1947** hour **1 PM** minute..... M.

21. I hereby certify that I attended the deceased from **Sept 1, 1947** to **Sept 12, 1947** that I last saw him alive on **Sept 9, 1947** and that death occurred on the date and hour stated above.

Duration.....

Immediate cause of death **Chronic Myocarditis**

Due to.....

Due to.....

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

Major findings: Of operations **93d**

Of autopsies.....

PHYSICIAN

Underline the cause of 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)

23. Signature **K. R. Bannum** (M. D. or other) **M. D.**

Address **926 S. E. Ave** Date signed **9/13/47**

FEB 23 1949

OCT 10 1947

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Manassas City, Va.

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.

Manassas Union Cemetery