

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37310**
Registrar's No. **384**

Registration District No. **47** Primary Registration District No. **5737**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Readsville, Mo. Overseas**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Callaway** **14**
(c) City or town **Readsville** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **28**
year **1947** hour **9** minute **0** P. M.
21. I hereby certify that I attended the deceased from **Oct-7/47**
to **Oct-27** 19**47**
that I last saw him alive on **10-25** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Sallie Bepler Hampton**
(c) Age of husband or wife if alive years **31** 1864
7. Birth date of deceased **Aug 31 1864**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
Due to **Hypertension & arterio-sclerosis**
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **87A**

8. AGE: Years Months Days If less than one day
83 1 26 hr. min.
9. Birthplace **Montgomery Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
11. Industry or business
12. Name **Oscar Fritz Hampton**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella Green**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs O F Hampton**
(b) Address **Readsville Mo**
17. (a) **Burial** (b) Date thereof **10-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Reform Cem.**
18. (a) Signature of funeral director **Wallace Funeral Home**
(b) Address **7th & 21st Fulton Missouri**
19. (a) **10-30-1947** (b) **Joce Norwood**
(Date received local register) (Registrar's signature)

23. Signature **W O Payne** (M. D.)
Address **R # 6 Fulton** Date signed **10-28-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number 11-17-47
Date Filed _____

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 _____
Walter J. Haines, Jr., Registered Apprentice No. 82
working under my personal supervision.

Signed Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton md

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.