

FILED DEC 4 1947
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 394

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1616 E 4TH ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 E 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD LEE HAMPTON

3. (b) If veteran, name war _____
3. (c) Social Security No. 500-10-6389

4. Sex MALE (b) Color or race WHITE
6. (a) Single, widowed, married, divorced MAR.

6. (b) Name of husband or wife JOSEPHINE
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MAR 4 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 15 hr. _____ min. _____
If less than one day

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

10. Usual occupation RETIRED

11. Industry or business FARMER

12. Name JOE HAMPTON

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

14. Maiden name MARY RENO

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

16. (a) Informant JOSEPHINE HAMPTON
(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 11/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANTIOTT
(d) Signature of funeral director Geo. Willard
(b) Address Sedalia

19. (a) 11/20/47 (b) Betty Yeager
(Date received from registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 19
year 1947 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 9-10 1947 to 11-19 1947
that I last saw him alive on 11-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
arteriosclerosis

Due to Obstructive Jaundice 2 mo.

Other conditions (include pregnancy within 3 months of death)

Major findings: GPA
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. Maunder (Name or other) DO
Address 501 1/2 N. Engineer Date signed 11/20/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-5-47

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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Jedalia, 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.