

Registration District No. 100 Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County De Witt
(b) City or town Salem
(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
in this community Life time years, months or days)

3. (a) PRINT FULL NAME JOHN - HAMPTON - WANSON

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 M. H. Wanson 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug 17 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Hampton Wanson

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

14. Maiden name Baker

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

16. (a) Informant M. H. Wanson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director H. C. Hart, Jr. Reg. No. 100
(b) Address Salem, Missouri

19. (a) 1-7-48 (Date received local registrar) (b) H. C. Hart, Jr. Reg. No. 100 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Witt
(c) City or town Salem (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1948 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-21-46, 19____, to 1-5-48, 19____, that I last saw him alive on 2-21-46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death cardio-vascular - natural decay
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
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? 2
While at work? _____ (Specify type of place) Means of injury _____

23. Signature J. D. [unclear] (M. D. or other) DO
Address Salem, Mo Date signed 1-6-48

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

MOTHER FATHER

RECEIVED

District Health Officer Files,

District File No.

14839

Date Filed

1-21-48

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.....

Edward F. Broyle

Registered Apprentice No. *435*

working under my personal supervision.

Signed

Paul J. Smith

Licensed Embalmer No. *3472*

P. O. Address. *Cal, 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.