No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 5 1948 42
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 7945

Registrar's No. 390

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2904 Burnside Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (years, months or days) About 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2904 Burnside Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Claude Wampler
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 498-24-8554
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella M.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 31 (Day) 1883 (Year)

8. AGE: Years 64 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Mound City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Katz Drug Company
FATHER
12. Name Martin Wampler
13. Birthplace unk. (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Ida Flynn
15. Birthplace Holt County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Ella M. Wampler
(b) Address 2904 Burnside, St. Joseph, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 4-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26 year 1948 hour 11 minute 15 a.m.
21. I hereby certify that I attended the deceased from March 26th 1948, 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 Mitral Insufficiency — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
92 B

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)
While at work? (e) Means of injury
23. Signature B. W. Tadlock (M. D. or other) Coroner
Address KING HILL BLDG St. Joseph, Mo. Date signed 3/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 19 1948

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.