

FILED MAR 29 1948
Registration District No. **10**

Primary Registration District No. **4320**

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

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer **65**
(c) City or town Princeton **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Charles A. Hampshire

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erma Hampshire 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov. 15 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business _____

MOTHER FATHER { 12. Name William Hampshire
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Taylor
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma Hampshire
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 3-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Ceme.

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 3-13-48 (b) M. J. Rutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1948 hour 3 minute am.
21. I hereby certify that I attended the deceased from Jan 19
15, 1948, to March 19, 1948
that I last saw him alive on March 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no

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 0

23. Signature J. M. Perry (M. D. _____)
Address Princeton, MO Date signed 3/10/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *L. J. Martin*

Licensed Embalmer No. *3760*

P. O. Address. *Camerton, 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.