

FILED SEP 27 1948

Registration District No. 1232

Primary Registration District No. 1232

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

47
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1. PLACE OF DEATH:

(a) County Iron

(b) City or town Annapolis
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Annapolis
(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 _____

3. (a) PRINT FULL NAME Martha Emaline Hampton

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex 1 fem 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Chas Hampton

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 11 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	7	0	hr. _____ min.
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9. Birthplace Reynolds Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

MOTHER, FATHER {

12. Name Preston Hackworth

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

14. Maiden name Elizabeth Colyotte

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

16. (a) Informant Charles Hampton

(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 9-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address 9 White Ironton Missouri

19. (a) 9-28-48 (b) Arvis Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1948 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from Jan 1
1947 to Sept 11, 1948
that I last saw her alive on Sept 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration 3 yrs

Due to _____

Due to _____

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

Major findings: Of operations 1310

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)

23. Signature E. M. [unclear] (M. D. or other) MD

Address Peelersville Mo Date signed 9/14/48

RECEIVED

Health Officer No. 4
File Number 948-12
Date Filed 9-25-48

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.....
was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Racely White.....
Licensed Embalmer No. 3012.....
P. O. Address Farmers Sec......

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.