

FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35851

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 342

1. PLACE OF DEATH:

(a) County Gape GIRARDEAU
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hosp 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
(Specify whether
 In this community 1 hr
years, months or days)

3. (a) PRINT FULL NAME David Larey Hampton

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased 2 13 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 12 hr. _____ min.

9. Birthplace Lilbourn Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name David A Hampton
 13. Birthplace Lilbourn Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Beulah Henderson
 15. Birthplace Parkmon Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant David A. Hampton
 (b) Address Lilbourn, Mo.

17. (a) Mounds Park (b) Date thereof 11 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Parks

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

(b) Address Lilbourn, Mo.

19. (a) 11-8-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County New Madrid 72
 (c) City or town Lilbourn, Mo. 2
(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 11 day 5
 year 1948 hour 9 minute _____ A.M.

21. I hereby certify that I attended the deceased from 11/5/48, 19____, to 11/5/48, 19____;
 that I last saw him alive on 11/5/48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Meningococci meningitis 2 days
 Duration

Due to _____

Due to _____

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

Major findings: Of operations C/S

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) (e) Means of injury 0

23. Signature D. Cochran (M. D. _____)
 Address Cape Girardeau, Mo Date signed 11/6/48

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

RECEIVED

Sanitary Health Officer No. 4

File Number 1148-140

Date 11-15-48

J. W. Schram

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 *Homer L. Ponder*

Licensed Embalmer No. 3367

P. O. Address *Lilbourn, 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.