

No. 2  
5-43  
5-17-39  
I X38671

State File No. **365174**  
**4546**  
Registrar's No. \_\_\_\_\_

**FILED DEC 4 1948**  
Registration District No. **1001**

Primary Registration District No. **1001**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo. 27 days  
(Specify whether life years, months or days)

**3. (a) PRINT FULL NAME** Mona Hampton  
**3. (b) If veteran,** name war no. **3. (c) Social Security** No. no.

**4. Sex** female / **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** widowed  
**6. (b) Name of husband or wife** J. H. Hampton **6. (c) Age of husband or wife if alive** dec. years  
**7. Birth date of deceased** May 21 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>14</u>	hr. _____ min.

**9. Birthplace** Kansas / (City, town, or county) (State or foreign country)  
**10. Usual occupation** at home

**11. Industry or business** X  
**12. Name** Preston R. Moore  
**13. Birthplace** Indiana / (City, town, or county) (State or foreign country)  
**14. Maiden name** Francis Bryant  
**15. Birthplace** Virginia / (City, town, or county) (State or foreign country)

**16. (a) Informant** Harold Hampton  
**(b) Address** 4445 Madison, Kansas City, Mo.  
**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof** 11-9-48  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** St. Joseph, Missouri

**18. (a) Signature of funeral director** Stine & McClure  
**(b) Address** 3235 Gillham Plaza, K. C., MO.  
**19. (a)** 11-8-48 **(b)** Steraldine Holme  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson **47**  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4545 Madison **5**  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov. day 5  
 year 1948 hour 2 minute 5 A. M.  
**21. I hereby certify that I attended the deceased from** Sept. 8, 1948, to Nov. 5, 1948.  
 that I last saw her alive on Nov. 5, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 107  
(Include pregnancy within 3 months of death)  
**Major findings:**  
 Of operations \_\_\_\_\_  
 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?  
Wm. W. Hart (Specify type of place)  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
**23. Signature** Wm. W. Hart (M. D. or other)  
 Address Med. Dir. Gen'l Hosp. 11-5-48  
Date signed

JUN 1 8 1958

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

*William S. Anderson*

Registered Apprentice No. *259*

working under my personal supervision.

Signed

*[Signature]*

Licensed Embalmer No. *1415*

P. O. Address *[Signature]*

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.