

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39530**
Registrar's No. **398**

FILED DEC 29 1948
Registration District No. **33**

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution: **Southeast Mo. Hospital**
(d) Length of stay: In hospital or institution **1 WK**
In this community **28 years**

3: (a) PRINT FULL NAME **Ruth Ann Maner Hampton**
3: (b) If veteran, name war _____
3: (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Lindsey Hampton**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 17th 1874**

8. AGE: Years **74** Months **8** Days **26**
If less than one day _____ hr. _____ min.

9. Birthplace **Ava Illinois**
10. Usual occupation **Housework**

11. Industry or business _____
12. Name **Elmer Shelton**
13. Birthplace **Ava Illinois**
14. Maiden name **Don't Know**
15. Birthplace **Don't Know**

16. (a) Informant **Mrs. Flora Mae Tolesky**
(b) Address **Cape Girardeau, Missouri**
17. (a) **Burial** (b) Date thereof **12-14-1948**
(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **L.E. Haman**
(b) Address **Cape Girardeau, Missouri**
19. (a) **12-21-48** (b) **L. E. Haman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(d) Street No. **406 So. Louisiana**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **13th**
year **1948** hour **1** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **Nov 1**
1948 to **Dec 13** 19 **48**
that I last saw her alive on **Dec 12** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Uterus and Bladder.**
Duration _____

Due to **Carcinoma**
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
4813

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature **L. E. Haman** (M. D. or other) **MD**
Address **709 Broadway** Date signed **12/21/48**

1115D

Officer No. 4

Number 1248-16

12-28-4

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: *Howard P. Harrison*

Licensed Embalmer No. *4132*

P. O. Address. *Cuba, Louisiana*

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.