

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42288**
5546

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>35 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2936 MADISON</u>		d. STREET ADDRESS (If rural, give location) <u>2936 MADISON</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WADE</u>	b. (Middle)	c. (Last) <u>HAMPTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 15 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1885 SEPTEMBER 11</u>	9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months	# UNDER 1 MO. Days	# UNDER 1 HRS. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GEORGIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WADE HAMPTON</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA HAMPTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/O</u>	16. SOCIAL SECURITY NO. <u>485-24-4387</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANNA HAMPTON</u> ADDRESS <u>2936 MADISON, K.C., MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC HYPERTENY</u>		<u>4 YR.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION?</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>MITRAL STENOSIS</u> II. OTHER SIGNIFICANT CONDITIONS <u>RHEUMATIC FEVER</u> Conditions contributing to the death but not related to the disease or condition causing death:		<u>P</u> <u>P</u> <u>P</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H10K</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1, 1952 to Dec 15, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>E. F. Walls</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>1118 E 12</u>	23c. DATE SIGNED <u>12-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>12-18-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u> ADDRESS <u>K.C., MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: _____

Laurence A. Jones

Licensed Embalmer No. _____

P. O. Address _____

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.