a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) OR Clinton c. LENGTH OF OR TOWN Clinton d. STREET ADDRESS INSTITUTION 315 So. 3rd. St. 3. NAME OF A. (First) b. (Middle) c. LENGTH OF C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton d. STREET ADDRESS 315 So. 3rd. St. 3. NAME OF A. (First) b. (Middle) c. (Last) d. STREET ADDRESS 315 So. 3rd. St. 4. DATE (Month) (Day) (Year) OF DECEASED (Type or Print) ROSA M. Hampton DEATH January 17, 1954			KIVKI JHI O A CII A A TO	DN OF HE	ICATE OF DI	SATH			UOO
18. PLACE OF DEATH a. COUNTY Henry D. CITY of sender corrects Units, write RURAL and give and the control of	FILED JAN 2	5 1954	SIANDAK	U CEKIII	ICAIL OF D		7	7	87
a. COUNTY b. CITY (If calculate corporate limits, write RURAL and give tournable) c. CITY (If calculate corporate limits, write RURAL and give tournable) c. CITY (If calculate corporate limits, write RURAL and give tournable) c. CITY (If calculate corporate limits, write RURAL and give tournable) c. CITY (If calculate corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give to read and give to read and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate limits, write RURAL and give tournable) c. CITY (If candida corporate RURAL and give tournable) c. CITY (If candida corporate RURAL and give tournable) c. CITY (If candida corporate RURAL and give tournable) c. CITY (If candida corporate RURAL and give tournable) c. CITY (If candida corporate RURAL and give tournable) c.	BIRTH NO	. <u></u>	REG. DIST. NO.	121		·	Kryshre		<u></u>
D. CITY of contain corporate Builta. write RURAL and give severability of Control of Rural Control of Control of Rural Contro	a. COUNTY				A STATE		b. COUNT	ΤY	: residence before admission)
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Type of Print ROSA	3. NAME OF	a. (First)	b. (M	(iddle)	c. (Last)		4. DATE (A	Month) (Day	y), (Year)
Female White Wildows Divorced Opening Members of Parking Members of Pa	•	Rosa	M.	Han	npton		DEATH Jan	uary 17	, 1954
10. KIND OF BUSINESS OR INDUSTRY TOTAL SOUTHWEST HEADY CO. MO. 11. BIRTHPLACE (City and State or Foreign Country) TOTAL SOUTHWEST HEADY CO. MO. 12. CATTER'S MANE 13. MOTHER'S MANDEN NAME 13. MOTHER'S MANDEN NAME 14. NAME OF HUSBAND OR WIFE 15. MOTHER'S MANDEN NAME 15. MOTHER'S MANDEN NAME 16. NOTHING TO DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. NO. NO. 16. CAUSE OF DEATH 17. INFORMANT'S SIGNATURE OR NAME 18. CALE OF DEATH 18. CALE OF DEATH 18. It means the distance of the decease of the state of the decease of the decease of the state of the state of the decease of the state of	. //		WIDOWED, DIVO	R MARRIED.	+· -	73	hat birthday)	Months Days	Hours Min.
Southwest Henry Co. Mo. USA			10b. KIND OF BUSINESS OR IN-			City and Stat	e er Foreign Countr	12. CI	TIZEN OF WHAT
38. FATHER'S NAME Ethel Bert Lampkin 139. Mother's Maiden NAME Ethel Bert Lampkin 140. None of husband or wife Deceased							- 1 -	mikti A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO CITYER, STOWNER OF MAME NO CITYER, STOWNER OF STOWNER OF STOWNER OF MAME NO CITYER, STOWNER OF STOWNER OF STOWNER OF STOWNER OF STOWNER OF MAME NO CITYER, STOWNER OF STOW		<u> </u>		HER'S MAIDEN	<u> </u>				
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NO Unknown Ruth Hampton, 315 S. 3rd. Clinton. Mo. B. CAUSE OF DEATH ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CONDITION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Orditions contributing to the deth but not related to the disease or condition containing death. TION Pla. ACCIDENT SUICIDE THOM PLACE OF INJURY (e.g., in or about Month of Property of County) DIE TO (c) III. OTHER SIGNIFICANT CONDITIONS Orditions contributing to the death but not related to the disease or condition containing death. TON Pla. ACCIDENT SUICIDE PLACE OF INJURY (e.g., in or about Month of Property of County) PLACE OF MAJOR FINDINGS OF OPERATION, WHILE AT MOTH WHILE INJURY OCCURRED ONLY INJURY PLACE OF MAJOR TOWN WHILE INJURY OCCURRED ONLY AND TOWN WHILE INJURY OCCURRED ONLY TOWN WHILE AT MOTH WHILE INJURY OCCURRED ONLY AND TOWN WHILE INJURY OCCURRED ONLY ANDURY TOWN REMOVAL (about) ANTECED BY LOCAL REGISTRAR'S SIGNATURE AND PLACE OF MAJOR. ANTECED BY LOCAL REGISTRAR'S SIGNATURE AND PLACE OF WINGAL OLD THE COUNTY SIGNATURE AND PLACE OF WINGAL OLD THE COUNTY SIGNATURE AND PLACE OF WINGAL OLD THE COUNTY OF CREMATORY ANTECED BY LOCAL REGISTRAR'S SIGNATURE AND PLACE OF WINGAL OLD THE COUNTY SIGNATURE AND PLACE OF WINGAL OLD THE COUN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY				17. INFORMAN	T'S SIGN	ATURE OR NA	MÉ	ADDRESS
IB. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) *This does not meen the mode of dying, such the such the data dying the non-tributing to the death but not tent to the thorus cause of and interval to the the to the doct of the different the to the doct cause (a) data file the ones that different the mode of dying, such the such the data dying the moderation of the file the ones that different the to the doct cause (a) data file the ones that different the moderation of the file the to the doct cause (a) data file the to the doct one data file the to the doct cause (a) data file the to th		yes, plye war or dates		own	Ruth Hamn	ton. 3	15 S. 3rd.	Clinto	ń. Mo.
**This does not meen the mode of dying, such as heart fellure, eithersio, etc. It meens the discount of the above cause (a) stating outse test. **DUE TO (b)	Enter only one cause per	I, DISEASE OR C DIRECTLY LEAD	ONDITION ING TO DEATH*(a) _	MEDICAL	ERTIFICATION	- 4/1	Tomach		SET AND DEATH
19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE (Bouchty) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (COUNTY) (COUNTY) (COUNTY) (STATE) 21d. TIME (Memba) (Day) (Tear) (Hear) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21d. Time (Memba) (Day) (Tear) (Hear) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22f. I hereby certify that I attended the deceased from Dace 12f., 1923, to 1-77, 1924, that I last saw the decease alive on 1-15, 1914, and that death occurred at 62 fm., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE SIGNE 1/9-34 24c. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Biste) TION, REMOVAL (Bosedty) Jan. 19, 54. Englewood Clinton Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 422 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid condition rise to the above of the underlying car ii. OTHER SIGNI	s, if any, giving DUE ause (a) stating use last. DUE FICANT CONDITIONS beging to the death but	TO (c)	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
SUICIDE HOMICIDE Note of the state of the s	9a. DATE OF OPERA- TION				• • • • • • • • • • • • • • • • • • • •	11.			. — —
21d. TIME (Month) (Day) (Tour) (Hour) 21e. INJURY OCCURRED 2H. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 2 12, 1923, to 1 - 17, 1944, that I last saw the decease alive on 1 1, 1944, and that death occurred at 6, 2 9 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ANDRESS Clinton, Mo. Clinton, Mo. Clinton, Mo. ADDRESS ADDRESS Clinton, Mo. ADDRESS ADDRESS ADDRESS ADDRESS Clinton, Mo. ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			21c. (CITY, TOWN, C	OR TOWNSHI	•		(STATE)
alive on	21d. TIME . (Menth)	(Day) (Year)	WHILEAT	NOT WHILE !	21f. HOW DID INJU	RY OCCUR?			
24. BURIAL. CREMA- TION, REMOVAL (Speedity) Burial Date REGISTRAR'S SIGNATURE ADDRESS ACCOUNTS Clinton Mo Clinton Clinton Clinton Clinton Clinton Clinton Mo Clinton Clinton Clinton Clinton Clinton Clinton Clinton Mo Clinton Mo Clinton Clinton Mo Cli			, and that death	occurred at	6 30 P. m., from	r the cause		te stated abo	ve.
DATE RECUDEN LOCAL REGISTRAR'S SIGNATURE 422 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS NO. 19-40 Florence Lawre Lawre Lawre Manager Manager Lawrence Man	23a. SIGNATURE	Cker.	m	15	Clinto	n 2	No.	1/-	18-34
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Q 222 25: FUNERAL DI RECTOR'S SIGNATURE ADDRESS. A6 - 19 - 540 Florence Q 2 acro 77. Causant Chinon, Me	TION, REMOVAL (Spedis)	. 1	_		Cli		o, or county)	(Biale)
(Licensed Embalmer's Sustement on Reverse Side)	DATE REC'D BY LOCAL	REGISTRAR'S		1 au	25. FUNERAL DIR	ausa	SIGNATURE	witon	, No
	 		(Liens	ed Embalmer's	Statement on Reverse	Side)			

. . .

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 in-
rorking under my personal supervision.	
Student	Signed N. a. Pausant

Licensed Embalmer No. 37/2

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.