

FILED DEC 17 1942

Registration District No. 137

Primary Registration District No. 5504

Registrar's No. 221

1. PLACE OF DEATH:

(a) County *Henry*

(b) City or town *Rural 4th Dist Bigcreek Twp*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 mi. N & W of Union
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community *60 yrs*
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Henry*

(c) City or town *Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. *5 mi. N & W of Union*
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME *James H. Hampton*

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *25*
year *1942* hour *12* minute *35 A.M.*

4. Sex *M* 5. Color or race *W*

6. (a) Single, widowed, married, divorced, *married*

6. (b) Name of husband or wife *Peace Hampton* 6. (c) Age of husband or wife if alive *60* years

7. Birth date of deceased: *5* (Month) *19* (Day) *1880* (Year)

21. I hereby certify that I attended the deceased from *not at all* to....., 19.....; that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years *62* Months *6* Days *6* If less than one day
hr. min.

Immediate cause of death *The above accidentally shot himself in Right axilla and he died to death. He was dead on my arrival.*

Due to.....

Due to.....

9. Birthplace *Henry Co Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

Other conditions (Include pregnancy within 3 months of death) *184*

Major findings: Of operations.....

Of autopsy.....

MOTHER FATHER

11. Industry or business.....

12. Name *David T Hampton*

13. Birthplace *Kentucky*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Beatty*

15. Birthplace *Henry Co Mo*
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant *Peace Hampton*

(b) Address *Union Mo*

17. (a) *Rural* (b) Date thereof *11-26-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Carroll Cem*

18. (a) Signature of funeral director *Fred Wilkinson*

(b) Address *Clinton Mo*

19. (a) *Nov. 26, 1942* (b) *Georgia Kitchener*
(Date received local registrar) (Registrar's signature) S.S.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *accident 042*

(b) Date of occurrence *11/25/42*

(c) Where did injury occur? *Union Henry Mo*
(City or town) (County) (State)

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

While at work? *no* (Specify type of place)

(e) Means of injury *shot gun*

23. Signature *Dr. R. S. Halligan* M.D. *Clinton Mo*

Address *Clinton Mo* Date signed *11/25/42*

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

4200

1069

JUL 31 1945

RECEIVED

RECEIVED

District Health Officer No. 7

District File Number 12-42-1341

Date Filed 12-10-42

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: Fred Wickman

Licensed Embalmer No. 2478

P. O. Address Clinton 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.