

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **30030**
Registrar's No. **169**

FILED SEP 16 1946

Registration District No. **37** Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County HENRY
 (b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
302 South 3rd St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry **H 20**
 (c) City or town Clinton **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. 302 S. 3rd St. **2**
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No) **1**
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE W. HAMPTON
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3rd
 year 1946 hour 2:25 minute A.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife BESSIE EADS, HAMPTON
 (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased NOV. 8 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21, 1946, to Sept 3, 1946;
 that I last saw him alive on Sept 2, 1946;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 9 25 hr. min.

Immediate cause of death Cerebral thrombosis **4 day**
 Due to Chronic Hypertensive **Urban**

9. Birthplace NORTH HENRY Co. Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Railway Employee

Other conditions none
(Include pregnancy within 3 months of death)
 Major findings: Of operations none **9:30**
 Of autopsy no

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 S. LANE
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?
(Specify type of place) 0
 While at work? _____ (e) Means of injury _____

16. (a) Informant Mrs. H. W. Hampton
 (b) Address Clinton, Mo.
 17. (a) Burial (b) Date thereof 9-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood Cemetery
 18. (c) Signature of funeral director H. J. Courant
 (b) Address Clinton Mo
 19. (a) 9-4-46 (b) R. R. Henney
(Date received local registrar) (Registrar's signature)

23. Signature S. B. Myler (M. D. or other) **M.D.**
 Address Clinton, Mo. Date signed 8/14/46

SEP 27 1946

EGL

8-46-929

7-9-46

OCT 16 1946

OCT 4 1946

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, W. J. Vansant

Registered Apprentice No. _____

working under my personal supervision.

Signed

W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.