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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 2 1947

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 244

1. PLACE OF DEATH:

(a) County HENRY CLINTON

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
302 S. 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 _____)

In this community 12 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

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

(d) Street No. 302 S 3rd St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BESSIE HAMPTON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1946 hour 9:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Sept 28 1946 to Dec 27 1946
that I last saw her alive on Dec 27 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife GEORGE W. HAMPTON

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased NOV. 1, 1887
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of liver & peritoneum

Due to Carcinoma of right breast - 3 yrs

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

59 1 26 hr. _____ min.

9. Birthplace TRENTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation nurse and housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name DAVID E. EADES

13. Birthplace DAVIS CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name LUCY H. HERBERT

15. Birthplace TRENTON MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations operation 1943 - breast carcinoma

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Ruth Hampton

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 12-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director G. H. Cousant

(b) Address Clinton Mo.

19. (a) 12-28-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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)

While at work? _____ (e) Means of injury _____

23. Signature S. B. Braden (M. D. or other) MD

Address Clinton Mo. Date signed 12/28/46

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

FEB 3 1947
FEB 14 1947

District - Region Office No. 2
11-46-3187
12-31-46

1947 6

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, ~~by~~ _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. A. Vainant
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.