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-43
-39
K35697

Registration District No. 137

Primary Registration District No. 4217

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Wrich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
at Home in Wrich
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 52 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Wrich
(If outside city or town limits, write "RURAL")
(d) Street No. at Home in Wrich
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM HAMPTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, married

6. (b) Name of husband or wife Margaret Susan Hampton 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 6 1963
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Gen Farming

MOTHER FATHER

12. Name Lorenzo Hampton
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Oliver Morrison Cable
15. Birthplace Johnson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Rheba Falbreath
(b) Address Wrich Mo

17. (a) Burial (b) Date thereof Dec 26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wrich Cemetery

18. (a) Signature of funeral director W. J. Roberts
(b) Address Wrich Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1946 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec 19 1946
to Dec 24 1946
that I last saw him alive on Dec 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of urinary bladder & Prostate Glands 2-yr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gib
Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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?

While at work? _____ (Specify type of place) (e) Means of injury ?

23. Signature J. G. McDonald (M. D. certificate)
Address Wrich Mo Date signed 12/26/46

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

77-18-21
887E-97-11

RECEIVED

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 R. R. Kenney

Licensed Embalmer No. 3099

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.