

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26066

FILED SEP 8 1948
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 180

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:
at home 315 5 Third 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 all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 315 5 Third st 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH ROBINSON HAMPTON
3. (b) If veteran, name war no
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Rosa on Hampton
6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased nov 16 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 12 hr. min.

9. Birthplace Henry Co no 0
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor M.D.

11. Industry or business _____

12. Name David T Hampton

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blatz Dent

15. Birthplace Dent know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Beth Hampton

(b) Address Clinton no

17. (a) Burial (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalvist Pech

(b) Address Clinton no

19. (a) 8-30-48 (b) R. P. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 1948 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from 8-22-48
to 8-28, 1948,
that I last saw him alive on 8-28, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 5 da
& congestive heart failure
Due to curious of liver 1 yr.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
5 da
1 yr.
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?
(Specify type of place)

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

23. Signature H. Walker (M. D. or other) M.D.

Address Clinton no Date signed 8-30-48

OCT 8 1948

DEC 11 1948

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1035
Date Filed 9-7-48

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.