

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31878

FILED OCT 1 1947

Registration District No. 227

Primary Registration District No. 5793

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Moniteau Co.

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

(c) Name of hospital or institution:  
Jamestown, Mo Rt # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. Jamestown, Mo Rt # 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kelly R. Hampton

3. (b) If veteran, No name war \_\_\_\_\_

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1947 hour 2/30 minute \_\_\_\_\_ A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ollie Hampton

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 24 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13, 1947, to Sept 15, 1947; that I last saw him alive on Sept 9-10, 1947 and that death occurred on the day and hour stated above.

Immediate cause of death Ulcer Stomach

Duration 20 days

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>22</u>	hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 177A

Underline the cause of which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Lum Hampton

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

14. Maiden name Unknown

15. Birthplace Unknown  
(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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant Arnold Hampton

(b) Address Jamestown, Mo Rt # 2

17. (a) Burial (b) Date thereof Sept. 16. 1947  
(Burial, cremation; or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cent.

(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 \_\_\_\_\_

18. (a) Signature of funeral director Bowlin Funeral Home

(b) address California, Mo

19. (a) Sept 18 47 (b) Yada m Snow  
(Date received local registrar) (Registrar's signature)

23. Signature A. L. Meredith (M. D. or other)

Address Francis Avenue Mo Date signed 9/16/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 9-30-47

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 7775  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Boulton  
Licensed Embalmer No. 2126  
P. O. Address California, etc.

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.