

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**38913**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Barry Registration District No. 34  
 (b) Township Liberty Primary Registration District No. 50.50 Registered No. 22  
 (c) City Exeter Mo (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 78 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT-FULL NAME**

(a) Residence, No. Bay Court, near Exeter mo. St (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph G. Stamps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jessie B. Hamerton

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Melvinia Layton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Calvin Stamps Exeter Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem. DATE Oct. 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Logan Funeral Service Wheaton Mo.

20. FILED Nov. 16 1939 Mrs. H. P. Searey Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Oct 26, 1939

I last saw her alive on Oct 20, 1939. Death is said to have occurred on the date stated above, at 4:25 m.

The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage Date of onset Aug. 1  
Hypertension 10 yrs.

Other contributory causes of importance: 82 in

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John B. Ellison M. D.  
Wheaton Mo. 33 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD OF DEATH IN THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1239-2528

Date Filed DEC 7 1939

**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

Wm Morris Pogue

Registered Apprentice No.

working under my personal supervision.

Signed

Wm Morris Pogue

Licensed Embalmer No.

3442

P. O. Address

Wheaton 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, above space should be left blank.