

FILED OCT 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32798

State File No. _____

Registration District No. 668

Primary Registration District No. 5032

Registrar's No. 292

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
655 East 14th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Albert M. 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, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 10, 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Rufus Hampton

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

14. Maiden name Nancy Wagner
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. A.M. Hampton
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40
(Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 9-7-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 655 East 14th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1940 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from 1938
_____ 19____, to Sept 6, 1940

that I last saw him alive on in bed, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 3 yrs

Due to _____
Due to 92W

Other conditions Valvular disease,
(Include pregnancy within 3 months of death) Chronic Cardiac

Major findings: Chronic Cardiac
Of operations _____

Of autopsy _____

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?
90 to

While at work? 90 to (Specify type of place) (e) Signs of injury _____

23. Signature A. W. Walter (M. D. or other) IMW

Address Sedalia Mo Date signed 9-7-40

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

MOTHER FATHER

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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 J. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Seabrook, Md.

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.