

RECEIVED MAR 3 1943
Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 213

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 53 years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Margaret Wampler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife John Wampler

6. (c) Age of husband or wife if alive, years 4 1853
(Month) (Day) (Year)

Birth date of deceased _____

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Morgan Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER

12. Name John Lipton

13. Birthplace Morgan Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ann Warden

15. Birthplace Morgan Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Wickersham

(b) Address Farmington Mo

17. (a) Burial Date thereof Feb. 5, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Hill, Mo

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

(b) Address Farmington Mo

19. (a) Feb. 5, 1943 Bondie Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

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

(d) Street No. 106 W. College
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1943 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from Feb. 2
1943 to Feb 3 1943
that I last saw him alive on Feb 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Artery Artery Artery
Duration _____

Due to Coronary Artery Disease & Hypertension 3471

Due to _____

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

Major findings: Of operations _____

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) _____
Means of injury _____

23. Signature Geo. H. Walker (M. D. or other) _____
Address Farmington Mo Date signed 2-4-43

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

P. R. Walker

RECEIVED

District Health Officer No. 4
District File Number 343-1866
Date Filed 3-5-43

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.....

m

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ch Cozco

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.