

FILED MAY 17 1946

State File No.

Registration District No. 379

Primary Registration District No. 6287

Registrar's No.

1. PLACE OF DEATH:
 (a) County WRIGHT
 (b) City or town MANSELL - Rural
 (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
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: Wright
 (a) State Missouri (b) County WRIGHT
 (c) City or town Butler
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME GONIP GUSTIS WAMPLER

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month April day 18
 year 1946 hour 7 minute P. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw h..... alive on 19.....
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife FINA WAMPLER 6. (c) Age of husband or wife if alive 45 years

Immediate cause of death Protein Urk, flushed chest compound, swelling of left leg, above and below knee Duration

7. Birth date of deceased Feb. 28 1893
 (Month) (Day) (Year)

Due to for occlusion

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>1</u>	<u>11</u>	hr. min.

Due to

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

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

10. Usual occupation Collector Bank Papers

Major findings:
 Of operations.....
 Of autopsy.....

11. Industry or business.....

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name John W. Wampler

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

14. Maiden name Elizabeth Huff

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

16. (a) Informant Mrs. Fina Wampler (wife)

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 4/21/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address 534 St. Louis St. Springfield, Mo.

19. (a) 4-20-46 (b) Gene C. Necker
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 114

(b) Date of occurrence April 18, 1946

(c) Where did injury occur? Manassett Wright Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Highway) 1/2 mile east of Manassett

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

23. Signature Gene C. Necker (M. P. of other)
 Address Manassett Mo Date signed 4/18/46

MOTHER, FATHER

RECEIVED

District Health Officer No. 6;

District File Number 546-547

Date Filed MAY 15 1946

JUN 6 1946

DEC 9 1952

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 F.A. Steffe
Licensed Embalmer No. 3221
P. O. Address Mansfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 279

Primary Registration District No. 6287

Registrar's No. _____

1. PLACE OF DEATH: Wright
(a) County.....
(b) City or town..... rural
(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.....
In this community..... (Specify whether years, months or days)

3. (a) PRINT: Lonis H. Wampler
FULL NAME
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: Feb 28 (Month) 1946 (Day) 1946 (Year)

8. AGE: Years 53 Months 1 Days 0 If less than one day: 0 hr. 0 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8
year 1946 hour 10 minute 00 M.
21. I hereby certify that I attended the deceased from 1946 to 1946,
that I last saw him alive on 1946,
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration.....

Due to: automobile striking bridge
aboutment on Federal Highway # 60
Due to: 1/4 mile east of Mansfield No
Wright County Missouri

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

Major findings: Of operations.....
Of autopsy.....
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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? Mansfield wright Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
highway # 60 Wright Co Missouri

(Specify type of place) auto collision
(a) Means of injury with bridge
While at work?.....
23. Signature James Staff (M. D. or other)
Address 1700 1/2 Date signed 5/21/46

SUPPLEMENTARY

6234

19358