

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 281

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. 5 mos. 18 days.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME WILLIAM FREDERICK WAMPLER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 22, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Wampler
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Womack
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem., Route #3, Farmington, Mo.

18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington, Missouri

19. (a) 9-12-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7
year 1946 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946, 19____, to September 7, 1946;
that I last saw him im alive on September 7, 1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 83A
Of operations _____
Of autopsy No 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature George H. Rivers (M. D. or other) M.D.
Address Farmington, Mo. Date signed 9/11/46

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

30000

RECEIVED

District Health Officer No. 4
District File Number 946-2617
Date Filed 9-16-46

ISSUED BY

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington

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.