

FILED FEB 9 1944

Registration District No. 316

Primary Registration District No. 3061

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

1. PLACE OF DEATH:
 (a) County ST. FRANCOIS
 (b) City or town FLAT RIVER
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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:
 (a) State MO (b) County ST FRANCOIS
 (c) City or town FLAT RIVER MO 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 610 WEST MAIN 2
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME CHRISTOPHER ZENO WAMPLER
 3. (b) If veteran, name war _____ 3. (c) Social Security NO 9-03-3461

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 18
 year 44 hour 7 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 1-11-44
 1944, to 1-18 1944
 that I last saw him alive on 1-17 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ALLIE WAMPLER 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased APRIL 8 1880
 (Month) (Day) (Year)

Immediate cause of death Intracranial hemorrhage Duration 7 days
 Due to arterio-sclerosis general
 Due to _____

8. AGE: Years 64 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace ST. GENEVIEVE MO 0
 (City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER - "STATIONARY"

11. Industry or business ST. JOSEPH LEAD CO.

12. Name JAKE WAMPLER

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

14. Maiden name MARIE W. WACK

15. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant ALLIE WAMPLER

(b) Address 610 WEST MAIN FLAT RIVER, MO

17. (a) DURIAL (b) Date thereof 1-21-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TARK VEINS

18. (a) Signature of funeral director C. J. Boyer
 (b) Address Dealsage

19. (a) JAN. 20, 1944 (b) Byrdie B. Summers
 (Date received local registrar) (Registrar's signature)

Other conditions (includes pregnancy within 3 months of death) _____
 Major findings: of 2a!
 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) (e) Means of injury _____
 23. Signature No. Dealsage (M. D. or other) 0
 Address Dealsage Date signed 1-20-44

1176

RECEIVED

Health Officer No. 4

File Number 244-3298

Dated 2-7-44

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed C. J. Doyed

Licensed Embalmer No. 1671

P. O. Address Altoona, 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.