

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 Dr. U. E. Kenney
 45690
 Do not use this space.

1. PLACE OF DEATH

 (a) County JASPER Registration District No. 411
 (b) Township _____ Primary Registration District No. 2007 Registered No. _____
 (c) City Joplin (d) Street No. 1330 IOWA St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE WASHINGTON Hamlin
 (a) Residence, No. 1330 IOWA St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily MAE Hamlin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1884
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 0 20

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as saw mill, bank, etc. 16
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Mo.FATHER 13. NAME George Hamlin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not knownMOTHER 15. MAIDEN NAME Mary Snow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT Emily Hamlin
(ADDRESS) Joplin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Granby, Mo. DATE 12-24-3719. FUNERAL DIRECTOR Lanpher Mortuary
(ADDRESS) Joplin, Mo.20. FILED 12-22-37 Ed D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 193722. I HEREBY CERTIFY, That I attended deceased from 12-20, 1937, to 12-20, 1937I last saw him alive on 12-20-37, 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Dr. U. E. Kenney
(Signed)(Address) 311 N. Jones Bank Bldg

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. Marion Jones

L. E.

No. 2319 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen E. Lanpher

Licensed Embalmer No. 3574

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.)