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.

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

REC'D FEB 21 1939

1633
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 31
(c) City ST. JOSEPH, — (d) Street No. 3405 MONTEREY 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 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS FAIRLEE HAMBLIN,
(a) Residence, No. 3405 MONTEREY ST. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: MAUDE HAMBLIN,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DECEMBER 26, 1889
7. AGE: YEARS 49 — MONTHS 0 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: EMPLOYEE
9. Industry or business in which work was done, as saw mill, bank, etc.: QUAKER OATS CO
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WORTH COUNTY, MISSOURI. 0

FATHER
13. NAME: JAMES W. HAMBLIN, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MEMPHIS, TENN. 0

MOTHER
15. MAIDEN NAME: MARY McCORD,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CALDWELL COUNTY, MISSOURI.

17. INFORMANT (ADDRESS): MARY HAMBLIN, 3504 MONTEREY, ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MT. AUBURN CEM. DATE: JAN, 12, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST, JOSEPH, MO.
20. FILED 1-12 1939 H J Nesthouse, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN, 10, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1938, to 1-10, 1939
I last saw him alive on 1-10, 1939. Death is said to have occurred on the date stated above, at 9:25 P.M.
The principal cause of death and related causes of importance were as follows:

Hodgkins disease (Complaining 8 mos) — Date of onset ?

Other contributory causes of importance: 725-

Name of operation — Date of
What test confirmed diagnosis? Finding — Was there an autopsy? No

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? No
If so, specify
(Signed) [signature], M. D.
(Address) 301 [illegible] Bldg

(Licensed Embalmer's Statement on Reverse Side)

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, JOHN E. RUPP,

....., or by .....

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

Signed John E. Rupp.

Licensed Embalmer No. 3986

P. O. Address 1946 COLHOUN ST. ST. JOSEPH, MISSOURI

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

If this body is not embalmed, above space should be left blank.