

REC'D MAR 20 1939

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

5769
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain Registration District No. 26
(b) Township Saltriver Primary Registration District No. 3002 Registered No. 24
(c) City Mexico, Mo (d) Street No. 811 West Breckenridge 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward L. Hamrick
(a) Residence, No. 811 W. Breckenridge 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 Jeanette Hamrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 4 23

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford, Arkansas

MOTHER 13. NAME Leo Hamrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Viola Stanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles Peglow Mexico, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery 2/14/ 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.A. Precht & Son Mexico, Mo.
20. FILED Feb 14 1939 B. P. Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939

I HEREBY CERTIFY That I attended deceased from July 29 1938 to Feb 11 1939
Last seen alive on Feb 11 1939. Death is said to have occurred on the date stated above, at 7:20 PM.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 7/29

Other contributory causes of importance:

Name of operation none Date of operation
What test confirmed diagnosis Phop-X-ray + Lab findings as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury
Where did injury occur? none (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) H. C. Ashcraft M. D.
Mexico, Mo (Address)

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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RECEIVED

District Health Officer No. 10

District File Number 10-39-290

Date Filed MAR 10 1939

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,

Earl E. Precht

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.