

REC'D JUL 13 1939

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

21886
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
(b) Township Platte Primary Registration District No. 5281
(c) City..... (d) Street No..... 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 Leland Leon Hamil

(a) Residence, No. Clay County, Missouri 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 8 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Kansas

13. NAME Eugene Hamil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clyde, Kansas

15. MAIDEN NAME Edith Labarge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Kansas

17. INFORMANT Eugene Hamil (ADDRESS) Smithville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Goss Cemetery DATE June 2, 1939

19. FUNERAL DIRECTOR McComas Mortuary (ADDRESS) Smithville, Missouri

20. FILED 6/2/1939 E.C. Hill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to June 1, 1939
I last saw him alive on June 1, 1939. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Smallpox

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? No
If so, specify.....
(Signed) E.C. Hill, M. D.
1939 (Address) Smithville, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

24-

2
1

540

RECEIVED
District Health Officer No. 8,
District File Number
5E/111/4
Date Filed

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)