

SEP 20 1939

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

29049
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 287
 (b) Township Clay Primary Registration District No. 5600 Registered No. 35
 (c) City Arrest (d) Street No. _____
 (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

543 Essie M. Hamlet
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 (If the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 2

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) Arms, Mo.

FATHER 13. NAME Hershel J. Hamlet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadwal, Mo.

MOTHER 15. MAIDEN NAME Essie Kincaid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Hershel Hamlet, Arms, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Silverdale DATE Aug 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harmon B. Burns, Harrisonville, Mo.

20. FILED 8/5 19 39 3 7 2
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1939

22. HEREBY CERTIFY, that I attended deceased from August 3, 1939 to Aug 3, 1939
 I last saw him alive on Aug 3, 1939 Death is said to have occurred on the date stated above, at 8:12 a.m.
 The principal cause of death and related causes of importance were as follows:

leukemia
1196
 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 David R. Bonds M. D.
 (Signed) Harmon B. Burns (Address) Harrisonville Mo.

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 3,

District File Number 939-54

Date Filed 9/6/39

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.