

Registration District No.

508

Primary Registration District No.

5674

Registrar's No.

25

1. PLACE OF DEATH:

(a) County LIVINGSTON
(b) City or town "Rural"
(c) Name of hospital or institution: 3
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)In this community _____
years, months or days8. (a) PRINT FULL NAME Walter B. Hambly8. (b) If veteran, name was _____
Mexican

8. (c) Social Security No. _____

4. Sex Male 5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Rena Hambly6. (c) Age of husband or wife if alive 41 years7. Birth date of deceased July 10 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
54 6 27 hr. min.9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)10. Usual occupation District Manager for Pabst Brewing Company

11. Industry or business _____

12. Name Edwin Hambly13. Birthplace London England
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace London England
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Rena Hambly(b) Address 415 Mill Road - Chicago, Illinois17. (a) Removal (b) Date thereof 2-8-'40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chicago, Illinois18. (a) Signature of funeral director F. B. Norman(b) Address Chillicothe, Missouri19. (a) 2-8-'40 (b) F. B. Norman M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook(c) City or town Chicago
(If outside city or town limits, write "RURAL")(d) Street No. 415 Mill Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1940 hour about 12 noon21. I hereby certify that I attended the deceased from _____ 19____;
never attended to him
that I last saw him alive on never saw him alive 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Fractured skull with
brain lacerations sudden

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental auto collision(b) Date of occurrence Feb. 7, 1940(c) Where did injury occur? Livingston Co
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, or industrial place, in public place?
Highway mo 36 FederalWhile at work? Driving car (Specify type of place)(e) Means of injury Auto collision
Coroner23. Signature Emory (M. D. or other) _____Address Chillicothe, Mo. Date signed Feb 9, 40

RECEIVED
District Registrar No. 11,
District File Number 240-166
Date Filed FEB 14 1940

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.....
E. R. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed ERM Norman.....
Licensed Embalmer No. 2374.....
P. O. Address Chillicothe, 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.