

Registration District No. 1046Primary Registration District No. 5810

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Joplin; Shoal Creek Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
39th and Main
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
 (Specify whether years, months or days)
 In this community 60 Years

8. (a) PRINT FULL NAME Frank James Hamlin8. (b) If veteran, name war None8. (c) Social Security No. 499-09-41644. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Barbara Hamlin 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased August 6 1875
(Month) (Day) (Year)8. AGE: Years 64 Months 5 Days 29 If less than one day hr. min.9. Birthplace Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Miner11. Industry or business Mining12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Minnie Simmons15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Barbara Hamlin(b) Address 2149 Nashville St17. (a) Burial (b) Date thereof Feb 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Park Cem.18. (a) Signature of funeral director Walt City Wood Co.(b) Address Walt City, Mo.19. (a) 2-6-40 (b) E. D. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 43rd and Joplin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1940 hour One minute 20 A. M.21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him alive on Feb 4 1940
and that death occurred on the date and hour stated above.Immediate cause of death Broken Neck, Both Legs Crushed. DurationDue to Caused when struck by a Motor car while walking on highway

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident
 (b) Date of occurrence February 4, 1940
 (c) Where did injury occur? Joplin Newton Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway #43 in south edge of Joplin in Newton County
 (Specify type of place) (e) Means of injury Struck by Car.
 While at work? (or other)

23. Signature Barley Thompson (Date or other) Cornell
Address Newton Missouri Date signed 2-4-40

RECEIVED

District Health Officer No. 6,

District File Number 340-701

Date Filed MAR 8 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.....

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

Signed Sam E. Senneker

Licensed Embalmer No. 4099

P. O. Address Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **75-66**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **1046**

Primary Registration District No. **2810**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County **Prescott**
(b) City or town **Shoal Creek, Tex**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Frank James Hamlin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Div**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased **Aug 6 1874**
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **2-6-40** (b) **Ed J James**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Feb** day **4**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I was seen alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **Casly Thomason** (M. D. or other) _____

Address **7200 2nd** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

