

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.

FILED MAY 15 1940

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

14493

Do not use this space.

1. PLACE OF DEATH

(a) County Cameron Registration District No. 275
(b) Township Anglers Primary Registration District No. 5170B Registered No. _____
(c) City Stoutland, MO. (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 Marinda Jane Hamner

(a) Residence, No. Stoutland, Mo. 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) 1939 11. Total time (years) spent in this occupation 11 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wet Glaze
Cameron Co. MO.

FATHER 13. NAME Will Craft

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

MOTHER 15. MAIDEN NAME Anna Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, MO.

17. INFORMANT (ADDRESS) Mrs. Robert Jacobs
Stoutland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hilhouse Cem DATE May 2nd, 40

19. FUNERAL DIRECTOR (ADDRESS) Virgil Evans
Stoutland, MO.

20. FILED May 3 1940 Mrs. Mae Pool Mooney
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1940

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1940, to May 1, 1940I last saw her alive on April 15, 1940. Death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Ulcer Date of onset 1937

Other contributory causes of importance: 49
none

Name of operation _____ Date of _____
What test confirmed diagnosis? bed side Was there an autopsy? no

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) L. E. Cantary, M. D.

117 (Address) Stoutland, Mo

RECEIVED

District Health Officer No. 7,

District File Number 5-40-749

Date Filed 5-6-40

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.)