No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14799

State File No. _____

Registration District No. 287 Primary Registration District No. ~~287~~ 5405 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rives Rural Clay Twp (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 Missouri (b) County Dunklin

(c) City or town Rives Rural (If outside city or town limits write "RURAL")

(d) Street No. 1 Mile southwest (If rural, give location)

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

3. (a) PRINT FULL NAME Elsie Hamlett 543

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hershel Hamlett 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August (Month) 30 (Day) 1902 (Year)

8. AGE: Years 37 Months 7 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business 1

FATHER
12. Name David Kincannon 1
13. Birthplace _____ (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Flora Ross
15. Birthplace _____ (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Hershel Hamlett
(b) Address Rives, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Silverdale

18. (a) Signature of funeral director Emerson, Burns
(b) Address Hornersville, Mo.

19. (a) 4-22-40 (Date received local registrar) (b) E. G. Cope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1940 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 21, 1940, to _____, 19__; that I last saw her alive on April 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage due to Premature Separation of Placenta	1
Due to	
Due to	
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) _____
(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? 2 60 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. G. Cope (M. D. or other) 1
Address Dunkerque Date signed 4/22/40

(Licensed Embalmer's Statement on Reverse Side)

148

RECEIVED
District Health Officer No. 2,
District File Number 540 - 97
Date Filed 5/2/40

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14799

Registration District No. 287 Primary Registration District No. 5405- Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County: Clay
(b) ~~City or town~~ Franklin Twp.
(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 years, months or days)
In this community

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: Elsie Hamlett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 37 Months 7 Days 21 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 21 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage due to premature separation of placenta — Duration
Due to: No delivery - Patient overanxious & dying upon hemorrhage. Pregnant
Due to:
Other conditions (Include pregnancy within three 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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: E. G. Cole (M. D. or other)
Address: Harmersville Date signed

SUPPLEMENTARY

S-14799