DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 23 1940

Registration District No. 508

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29005

Primary Registration District No. 3026

Registrar's No. 112

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: ~~Rural Monroe Twp.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one week (Specify whether years, months or days)

In this community: 58 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston

(c) City or town: Rrual
(If outside city or town limits, write "RURAL")

(d) Street No.: 1½ miles West Ludlow, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Marcus Hamblin 514

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary E. Hamblin

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: October (Month) 1 (Day) 1881 (Year)

8. AGE: Years 58 Months 10 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Ludlow (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER
12. Name: Alford Hamblin
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Amanda McCoskie
15. Birthplace: Ludlow (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Mrs. Mary E. Hamblin
(b) Address: R. F. D. Ludlow, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-29-'40 (Month) (Day) (Year)
(c) Place: burial or cremation: McCoskie Cem.

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri

19. (a) 8-27-'40 (Date received local registrar) (b) H. M. Grace M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 18, 1940, to Aug. 27, 1940; that I last saw him alive on Aug. 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral regurgitation with cardiac decompensation.	I do not know
Due to failing compensation	
Due to chronic interstitial nephritis	I do not know
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 121
Of autopsy: none

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: H. M. Grace (M. D. or other)
Address: Chillicothe Mo. Date signed 8-28-40

(Licensed Embalmer's Statement on Reverse Side)

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

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 11,
District File Number 7-40-14-32
Date Filed SEP 12 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 Elton F. Norman & E. R. Norman (2374), Registered Apprentice No. _____, working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

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.