

No. 2  
-13-40  
-17-39  
X 23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35487  
State File No.

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 278

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence San. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 day years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 715 Stealing Wainmont St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELVIS W. HAMBLIN

3. (b) If veteran, name was World War 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dora Hamblin 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 18 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stacy County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School Guardian

11. Industry or business Kansas City Public School

12. Name James Hamblin

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Hamblin

(b) Address 715 Stealing

17. (a) Remove (b) Date thereof 11/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highway, Mo.

18. (a) Signature of funeral director John C. Gason  
(b) Address Independence Mo.

19. (a) Nov. 12-40 (b) J. L. Cook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 9 year 1940 hour 6:05 minute A.M.  
21. I hereby certify that I attended the deceased from Oct. 18-1940 to Nov. 9-1940  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cor Pulmonale  
Due to Hypertension & Cerebral Thrombosis  
Due to Arterio-Sclerosis

Other conditions g.i.B.  
(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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Drellman (M. D. or other) MD  
Address 10307 Kudup ave Date signed 11/9/40

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

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**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.....

*Ralph E. Miller*

Licensed Embalmer No. *4124*

P. O. Address *Indep. 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, fact should be so stated above.**