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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36217

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 170

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 2227 N. 5th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Ida Lee Hambelton
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 ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept 18 1925
(Month) (Day) (Year)

8. AGE: Years 15 Months 0 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Gainsville Mo
(City, town, or county) (State or foreign country)
10. Usual occupation School girl
11. Industry or business ✓
FATHER
12. Name Daniel Hambelton
13. Birthplace Gainsville Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Bastord
15. Birthplace Gainsville Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Mr Summers
(b) Address 2227 N. 5th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6/40
(Month) (Day) (Year)
(c) Place: burial or cremation Burial Oak Grove
18. (a) Signature of funeral director Cunningham Mueller
(b) Address 424 Jefferson St 107
19. (a) 10/5/40 (Date received local registrar) Florence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 4 day Fri
year 1940 hour 5:20 minute p M.
21. I hereby certify that I attended the deceased from Held Inquest, 19 to Oct-5-1940 19
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd & 3rd degree burns —
Due to "Pouring Coal Oil on coal stove fire.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No —

Duration

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 Oct-4-1940 —
(c) Where did injury occur? St. Charles - Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home —
(Specify type of place)
While at work? Yes (e) Means of injury Explosion
23. Signature John H Bure - Coroner (M.D. or other)
Address Coroner St. Charles Co Mo. Date signed Oct 5-40

(Licensed Embalmer's Statement on Reverse Side)

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 Marvin Murchison

Licensed Embalmer No. 2461

P. O. Address Hamburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.