

RECEIVED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42427

Registration District No. 270

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural
(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 _____

3. (a) PRINT FULL NAME

John Fitcher Ham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 April 28 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Dunklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Methodist Ministry

11. Industry or business _____

12. Name Thomas Fitcher Ham

13. Birthplace Dunk Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Mackey

15. Birthplace Deasville
(City, town, or county) (State or foreign country)

16. (a) Informant John Paul Ham

(b) Address Barryville Mo.

17. (a) Rural (b) Date thereof 12-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director A. S. McDaniel

(b) Address Barryville, Mo.

19. (a) Jan. 3-1941 (b) A. S. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Rural
(If outside city or town limit: write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1940 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 16, 1940
Dec 1938, 19 to Dec 16, 1940
that I last saw him alive on Dec 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem.

Due to Hypertension

Due to Cardio-renal-Circulatory

Other conditions _____

(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? _____

23. Signature C. J. Dope (Specify type of place) _____ (e) Means of injury _____

Address Hermersville Mo. (M. D. or other) _____ Date signed 12/16

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

H. P. Gooch

working under my personal supervision.

Registered Apprentice No.....

Signed.....

H. P. Gooch

Licensed Embalmer No. *4106*

P. O. Address *Senath 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.