

No. 2
11-10-33
5-17-33
I X21452

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43257

JAN 21 1941

State File No. _____

Registration District No. 581

Primary Registration District No. 4343

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
614 Second Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether to)

In this community 27 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. 614 Second Street
(If rural, give location)

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

3. (a) PRENT FULL NAME William Dennis Hamner

3. (b) If veteran, name war None 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 Mary G. 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased. January 31 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>12</u>	hr. _____ min.

9. Birthplace Thaxton Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Dont know

13. Birthplace D.K. D.K.
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

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

16. (a) Informant Mrs Mary G. Hamner

(b) Address 614-2nd St Monroe City Mo

17. (a) Burial (b) Date thereof 12/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Judes; Monroe City

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) Dec 12 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from
JAN 15 1940 to DEC 11 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
HURICULAR FEBRILLATION 3 Mo

Due to CARDIO-VASCULAR-RENAL DISEASE 11 Mo

Due to _____
Other conditions CEREBRAL HEMORRHAGE 10 Mo
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations 12/1

Of autopsy _____

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?

513 While at work? (Specify type of place) (e) Means of injury

23. Signature John H. Gibbs (M. D.
Address Monroe City Mo Date signed 12/13/40

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

9
3
0

RECEIVED

District Health Officer No. 10

District File Number 1-41-27

Date Filed JAN 7 1941

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P.O. Address Monroe City 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.