

JAN 22 1941

Registration District No. 876

Primary Registration District No. 876 4529

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Richards
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Richards, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 27 yrs _____ (Specify whether
 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
 (c) City or town Richards
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
0
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
 year 1940 hour 12:05 minute P M.
 21. I hereby certify that I attended the deceased from May 30
 _____, 1940, to Dec 5, 1940
 that I last saw her alive on Sept 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Cervix
 Duration
 ?
 Due to _____
 Due to _____
 Other conditions
 (Include pregnancy within 3 months of death)
48

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?
no

(Specify type of place)
 While at work? no (If) Means of injury ✓
 23. Signature J. W. [unclear] (M. D. or other) MD
 Address Richards, Mo Date signed 12/6/40

3. (a) PRINT FULL NAME Emma Hamlett

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lewis Hamlett 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Dec 15, 1894 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 11 20 _____ hr. _____ min.

9. Birthplace Roach Park, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business Home 0

12. Name William E. Hill 9

13. Birthplace Unknown, Mo (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace 11 (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Hamlett

(b) Address Richards, Mo

17. (a) Burial (b) Date thereof 12/8/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wall Cemetery

18. (a) Signature of funeral director Fred J. [unclear]

(b) Address Richards, Mo

19. (a) Dec 7, 1940 (b) Della Field (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-50

Date Filed 1-4-41

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 Lloyd B. Winnett

Licensed Embalmer No. 3857

P. O. Address Waukegan, Ill.

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

If this body is not embalmed, above space should be left blank.