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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1941

State File No. 15518

Registration District No. 681 Primary Registration District No. 4-41 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Eolia Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 82 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Eolia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Lincoln Co-Mo

3. (a) PRINT FULL NAME James Hamner
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race Black
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Nov. (Month) 16 (Day) 1854 (Year)

8. AGE: Years 82 Months 5 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Lincoln Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business General farm work
FATHER
12. Name Harry B. Hamner
13. Birthplace Va (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or country) (State or foreign country)
16. (a) Informant Adam Unknown
(b) Address Eolia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Eolia Cemetery-Col.
18. (a) Signature of funeral director Gooch & Oliver Co
(b) Address Eolia, Mo.
19. (a) Apr. 26 (Date received local registrar) (b) B. M. Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 23rd 1941 to April 25 1941 that I last saw him alive on April 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic interstitial nephritis.	

Major findings:
Of operations
Of autopsy

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)
(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 D. G. Hazzard (M. D. or other) DO.
Address Eolia, Mo. Date signed 4-26-41.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-860
Date Filed MAY - 8 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 Norman E. Gooch

Licensed Embalmer No. 2342.

P. O. Address Eolia - Mo.

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

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