

Registration District No. 653Primary Registration District No. 5871Registrar's No. 40

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Rural-Braggocdia, Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pemiscot County Home 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Al S. Hambleton3. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
8 67 10 7 hr. _____ min.9. Birthplace Pulaski Co. Ill
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 { 12. Name William Hambleton
 { 13. Birthplace not known
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Lizzie Cuine
 { 15. Birthplace not known
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wesley Randolph
(b) Address Pemiscot County Home17. (a) Burial (b) Date thereof June 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pemiscot Co. Home

18. (a) Signature of funeral director _____

19. (a) 6/23/41 (b) Pearl Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22nd
year 1941 hour NOON minute _____ M.21. I hereby certify that I attended the deceased from 6-20-1941
_____, 19____, to _____, 19____;
that I last saw him alive on 6-21-1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic alcoholismDue to alcohol

Due to _____

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?

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

23. Signature Fred. R. Dyck (M. D. or other) _____Address Caruthersville Mo Date signed 6/25/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

7-41-24

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town _____
(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 Al. S. Hambleton
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 S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug - 15 1893
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director none
(b) Address _____

19. (a) 6/23/41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 22
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

