

Registration District WELLS 9

Primary Registration District No. 3039

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Kernos
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 E Douglas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs (Specify whether
In this community 30 yrs years, months or days)

8. (a) PRINT FULL NAME Anna Olena Hamby

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased about 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months ? Days ? If less than one day hr. _____ min.

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

10. Usual occupation School teacher

11. Industry or business Retired

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 Joe Harris

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 6/27/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sleepwood Cemetery

18. (a) Signature of funeral director Ferry Funeral Home (City or town) (State)

(b) Address Nevada, Mo.

19. (a) 7-1-41 (b) Allen V. Floyd (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Kernos
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 308 E Douglas (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24, year 1941 hour 11:55 minute P M.

21. I hereby certify that I attended the deceased from June 23, 1941 to June 24, 1941 that I last saw her alive on June 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regeneration

Due to Paralysis agitans

Due to _____

Other conditions none (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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. P. Love (M. D. or D. O.)

Address Nevada, Mo. Date signed 6/28/41

Duration Cont
Residual known

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1881

Date Filed 7-7-41

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. Wimsatt

Licensed Embalmer No. 2857

P. O. Address Wvada, W

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

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