

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26353

Registration District No. 821

Primary Registration District No. 6070

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Vanduser Reformed Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Vanduser 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7/24/41
19____ to 7/27/41 19____
that I last saw him alive on 7/24/41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Angina Pectoris Duration _____

Due to Old age

Due to 94B

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. C. Mill (M-D Other) 9
Address Sikeston Mo Date signed 7/28/41

3. (a) PRINT FULL NAME William L. Hamby

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

4. Sex Male 5. Color or race W 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. 2 7 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 20 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Payton Hamby

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

14. Maiden name Unknown

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

16. (a) Informant Pratt Hamby

(b) Address Morley, Mo.

17. (a) Removal (b) Date thereof 7-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion, Ky.

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo.

19. (a) 8-11-41 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 841-1051
Date Filed 8-11-41

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 J. H. Welsh
Licensed Embalmer No. 774

P. O. Address Sikeston, 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, fact should be so stated above.