

Registration District No. **284**

Primary Registration District No. **5403**

Registrar's No. \_\_\_\_\_

**FILED SEP 29 1941**  
1. (a) County Dunklin  
(b) City or town Rural "Franklin" Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(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 Mo (b) County Dunklin  
(c) City or town Clarke - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 Mi North of Clarke  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME HENRY HAM  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minnie Ham 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased March 2 1898  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 24 year 1941 hour 10 minute - P. M.  
21. I hereby certify that I attended the deceased from Sept. 13, 1941, to Sept. 24, 1941; that I last saw him alive on Sept. 24, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 6 Days 21 If less than one day hr. \_\_\_\_\_ min.  
9. Birthplace Marion Co. Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Bill Ham  
18. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Beard  
16. Birthplace unknown (City, town, or county) (State or foreign country)  
16. (a) Informant Mrs Minnie Ham  
(b) Address Clarke, Mo. 21  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Stanfield Cem.  
18. (a) Signature of funeral director H. D. Dears  
(b) Address Fayette, Ark.  
19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

Immediate cause of death Tuberculosis (23) Duration 3 yrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 12 ft  
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)  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature H. D. Dears (M. D. or other) 20  
Address Malden Mo Date signed 9/25/41

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

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**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.**