

FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35217

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. McDonald

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 23021, Maine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7! (Specify whether
in this community 7! years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Goodman
(If outside city or town limits, write street number and location)
(d) Street No. 87
(If rural, give location)
(e) Citizen of foreign country? 8 yrs (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 27 1941 to Oct 25 1941
that I last saw him alive on Oct 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Tubular Heart

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131K
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Neil Addison Hamblin

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Male 5. Color or race white 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife - 6. (c) Age of husband or wife 29 years

7. Birth date of deceased: Sept 29-1916
(Month) (Day) (Year)

8. AGE: Years 15 Months 0 Days 29 If less than one day - hr. - min.

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

10. Usual occupation: Student

11. Industry or business

12. Name: Neil Hamblin

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

14. Maiden name: Bertha Pendleton

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

16. (a) Informant: Dan Pendleton

(b) Address: Goodman Mo

17. (a) Burial (b) Date thereof 10-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Goodman Mo

18. (a) Signature of funeral director: Chas Williams

(b) Address: Goodman Mo

19. (a) 10-29-41 (b) 218 James
(Date received local registrar) (Registrar's signature)

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

23. Signature: Jordan Mo (M.D. or other) _____

Address: 108 Thos Coe Date signed: _____

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

MOTHER FATHER

41-11-953

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 the above constitutes grounds for revocation of license.)

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