DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28013

Registration District No. 148 — Primary Registration District No. 5982 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Reynolds 90

(b) City or town: Rural (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 years, months or days) In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Reynolds 90

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Rhoda Casander Hamby

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: 2 Widow

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June (Month) 8 (Day) 1850 (Year)

8. AGE: Years 91 | Months 6 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace: Boone County (City, town, or county) Ken. D (State or foreign country)

10. Usual occupation: retired

11. Industry or business:

FATHER
12. Name: James McDaniel
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature: Ed Hamby
(b) Address: Vienna Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Ellington Mo

18. (a) Signature of funeral director: Leuchel Funeral Service
(b) Address: Ellington Mo.

19. (a) 2/24-42 (Date received local registrar) (b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1942 to Jan 4, 1942 that I last saw her alive on ~~Jan 4~~, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Complications of Dreams due to old age. Prescribed for her January 2, 1942.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 162 E

Major findings: Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: A. F. Burgess (M. D. or other)

Address: Ellington, Mo. Date signed: 1/3-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 5,
District File Number 84-2634
Date Filed 8-20-42

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.