

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

33917 ✓

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 11 1942

Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 281

4800  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
39 and Keese Summit Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS County Miami  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#3 - Paola, Kansas  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country..... no

3. (a) PRINT FULL NAME CORA EVELENA HAMBLEN

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

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

6. (b) Name of husband or wife Wm J. Hamblen  
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb-11-1891  
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 14  
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name John Garner

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

14. Maiden name Mary Ann Spain

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

16. (a) Informant Wm J. Hamblen  
(b) Address R#3 - Paola, Kansas

17. (a) removal (b) Date thereof 10/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paola, Kansas

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence Mo.  
19. (a) 10-26-40 (b) Jamecurress  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 1942 hour 1:15 minute A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1942  
to Oct 25, 1942  
that I last saw her alive on Oct 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia - about 1 year  
Lymphatic

Due to.....  
Due to..... 1740

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no operation  
Of autopsy no 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?

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature W. Hallen (M. D. or other) M.D.  
Address Independence Mo. Date signed Oct 25-42

*A. N. Green*

*Permit # 325*

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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 *Frank B. Hill*.....

Licensed Embalmer No. *2467*.....

P. O. Address *Indep. 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.**