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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
500 Edginer  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 6 Month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 500 Edginer  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRED ALLEN HAMEL

3. (b) If veteran, name war Infant

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 18, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Infant

12. Name Charles Hamel

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

14. Maiden name Evelyn Nahler

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

16. (a) Informant Oliver Nahler

(b) Address DeSoto Mo.

17. (a) Burial (b) Date thereof Jan. 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (City)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 1-8-43 (b) Fern Spencer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1943 hour 10:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 10, 1942, to Jan 1st, 1943 that I last saw him alive on Jan 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to Malnutrition

Other conditions poor living conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

10da

1 wks

6 m

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. A. Elders (M. D. or other) \_\_\_\_\_

Address De Soto Mo. Date signed 1/3-43

**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

*John Mathershead*

Licensed Embalmer No. 3531

P. O. Address Dr. Sutcliffe

**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.**