

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED APR 30 1943
Registration District No. 24

Primary Registration District No. 5043

Registrar's No. 9

505
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: San. Gov. Hosp. 200

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cordelia Hamblin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1943 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan 5, 1943, to March 25, 1943, that I last saw her alive on March 25, 1943, and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W.

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Geo. Lewis

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: 7.06 14-1877
(Month) (Day) (Year)

Immediate cause of death _____

myocarditis

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

72 72 1 12 hr. min.

Due to Chronic heart disease and interstitial nephritis

9. Birthplace Carroll Co Ark
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations _____

Of autopsy 131a

11. Industry or business _____

12. Name Wm Walden

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

14. Maiden name Virginia Wilson

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

16. (a) Informant Geo Lewis Hamblin

(b) Address Seligman, Mo

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43
(Month) (Day) (Year)

(c) Place: burial or cremation Roller-Gateway Ark

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Beon Funeral Home

(b) Address Cassville, Mo

19. (a) Mar 31 1943 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

23. Signature Chas. R. Brown M.D. (or other)
Address: Seligman Mo Date signed 3/28/43

#135-1001

Hospital: _____

Case No. 1113-499

Date: APR 29 1949

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 E Myers

Licensed Embalmer No. 3220

P. O. Address Carrollville, 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.