

DEPARTMENT OF COMMERCE
BUREAU OF CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17938
Registrar's No. 68Registration District No. 132Primary Registration District No. 5479

1. PLACE OF DEATH

(a) County Grundy
 (b) City or town Rural - Taylor
 (c) Name of hospital or institution: Road 1, 1 Brimmar, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Margie Delore Hamby3. (b) If veteran, name war —3. (c) Social Security No. none4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Ralph Hamby6. (c) Age of husband or wife if alive 33 years7. Birth date of deceased Aug 25, 1913
(Month) (Day) (Year)

8. AGE:

Years 30Months 8Days 15If less than one day — hr. — min.9. Birthplace Meramec County, Mo.
(City, town, or county)Mo.
(State or foreign country)10. Usual occupation Homemaker11. Industry or business Home12. Name G. E. Eschler13. Birthplace unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Grace & tiandy15. Birthplace unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant Frank J. Hamby(b) Address Yuba City, Mo.17. (a) Burial (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wells County, Ind. Co.18. (a) Signature of funeral director Dani F. Hamby(b) Address Yuba, Mo.19. (a) May 12, 1943 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HARRISON
 (c) City or town Yuba City
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. 7 B
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 6:30 minute A M.21. I hereby certify that I attended the deceased from May 10th
1943 to May 10th 1943
that I last saw her alive on May 10th 1943
and that death occurred on the date and hour stated above.Immediate cause of death Acute Coronary ThrombosisDue to Do not knowDue to —Other conditions (Include pregnancy within 3 months of death) NoneMajor findings: Of operations —Of autopsy —

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) Means of injury —23. Signature Charles P. Dwyer (M. D. or other) M. D.
Address Yuba City, Mo. Date signed May 10th 1943

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

MOTHER FATHER

Duration

30 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond A. Davis*.....
Licensed Embalmer No. *3424*.....
P. O. Address. *Stenton, Missouri*.....

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.