

No. 2
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5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ILLU NOV 12 1943
324

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35880
State File No. _____
Registrar's No. 198

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 11 1/2 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Hamer
3. (b) If veteran, name war # _____ 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 October 10 1943
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Oct 9 1943 to Oct 10 1943,
that I last saw him alive on Oct 10 1943
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 11 1/2 hr. min.
9. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business _____
12. Name Brown Hamer
13. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Maurine Buxton
15. Birthplace Nelson Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death
Possibly due to difficult labor.
(10 cepr)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
16. (a) Informant Brown Hamer
(b) Address Marshall, Mo.
17. (a) Burial (b) Date thereof Oct 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge P. Cemetery
18. (a) Signature of funeral director W. H. Buxton
(b) Address Marshall, Mo.
19. (a) Oct 13 43 (b) Mrs. T. O. Weather
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Marshall Date signed 10/11/43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-10-43

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 _____

Licensed Embalmer No. 3235

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, fact should be so stated above.