

FILED DEC 7 1943

Registration District No.

Primary Registration District No. 4426

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Fair Play

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

(c) Name of hospital or institution:
78 years in Fair Play 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Fair Play 84

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

(d) Street No. East part of Fair Play
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME William Darwin Hamlin

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1943 hour 7:45 minute a. M.

21. I hereby certify that I attended the deceased from Feb 1
1943 to Feb 15, 1943;

that I last saw h..... alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, married 1 divorced Married

6. (b) Name of husband or wife Edna Hamlin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 19, 1855
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 2 wks

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

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

87 4 27 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Railroad

11. Industry or business Farming - Railroad

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Mary Campbellburg

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Edna Hamlin

(b) Address Fair Play, 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: Delbert (M. D. or other)
Address: Bolivar Mo Date signed _____

Burial Barren Creek (Burial, cremation, or removal)

(c) Place: burial or cremation Barren Creek Burying

18. (a) Signature of funeral director Erwin Blue

(b) Address Bolivar MO.

19. (a) Dec. 2 1943 (Date received local registrar)

(b) Worth McALLISTER (Registrar's signature)

1562

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1279

Date Filed 12-6-43

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

William D. Erwin

Licensed Embalmer No.

3093

P. O. Address

Palmar 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.