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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16090

FILED MAY 8 1944

Registration District No. 377

Primary Registration District No. 6275

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North

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

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

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North 113

(c) City or town Rural 9
(If outside city or town limits, write "RURAL")

(d) Street No. Alberta Mo. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel B. Hamblen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30
year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on 4-18 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sarah Elizabeth Hamblen

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

7. Birth date of deceased Sept 1 1861
(Month) (Day) (Year)

Immediate cause of death Cholelithiasis 83a!
Duration _____

8. AGE: Years 82 Months 7 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Hamblen

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Missie Acker

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy w/in 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Hamblen

(b) Address Grant City, MO

17. (a) Rural (b) Date thereof 5-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director John C. Dungee

(b) Address Grant City, MO

19. (a) 5-2-44 (b) Arlene Scadden
(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 Guller (M. D. or other) 90

Address Grant City, MO

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

5-2-44

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..... *Arch C Dwyer*

Licensed Embalmer No. *3252*

P. O. Address..... *Grant City 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.