DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18141

State File No.

FILED JUN 7 1944

Registration District No. Primary Registration District No. 3023 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Deepwater - "Rural" O
(If outside city or town limits, write "RURAL")

(d) Street No. South East of Deepwater - 7 mi
(If rural, give location)

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

3. (a) PRINT FULL NAME RUFUS DANIEL HAMBLIN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Nora E. Hamblin

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 3 (Month) 6 (Day) 1869 (Year)

8. AGE: Years 75 | Months 2 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace — (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

MOTHER FATHER

12. Name Thos D. Hamblin

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

MOTHER

14. Maiden name Susie Ann Wilson

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

16. (a) Informant Nora E. Hamblin

(b) Address R.F.D. 2 - Deepwater mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 22 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) May 22, 1944 (Date received by registrar) Georgia Kitchen (Registrar's signature)

1064 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 5 day 20
year 44 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 9, 1944, to May 20, 1944, that I last saw him alive on May 20, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to Cardiac Thrombosis	
Due to Endocarditis Contributory	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas L Wetzel M.D. (Mrs. or other)

Address Clinton Mo. Date signed May 22, 44

WHITE PENCIL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7
District File Number 5-44705
Date Filed 6-6-44

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 Grace L. Wilkinson

Licensed Embalmer No. 4360

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.