

FILED APR 3 1946

State File No.

Registration District No. 2510

Primary Registration District No. 3044

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Eldon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1946 hour 3 minutes 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1945
to Jan 25, 1946
that I last saw him alive on Jan 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Uremia
Due to.....
Nephritis, Chronic
Due to.....
Other conditions.....
Hypertrophic Arthritis
(Include pregnancy within months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Franklin Hamby

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah C. Hamby 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 20 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 5 ..hr.min.

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

10. Usual occupation Retired Salesman

11. Industry or business.....

MOTHER FATHER { 12. Name William S. Hamby

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

14. Maiden name Matilda Jane Scott

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

16. (a) Informant Miss. Reba Hamby

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 1-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 1-26-46 (b) Oliveretta Walt
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....
1318

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) (c) Means of injury.....
23. Signature B. A. Shelton (M. D. or other)
Address Eldon Mo. Date signed Jan 26 1946

192

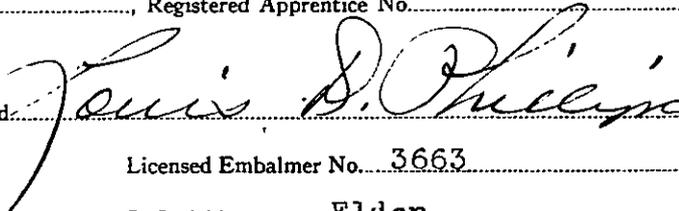
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9050

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed: 

Licensed Embalmer No. 3663

P. O. Address..... Eldon

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.