S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1946

State File No. 10281

Registration District No. 264 Primary Registration District No. 5893 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ozark. Co.

(b) City or town Rural. Lick Creek. Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark. 77

(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Hardenville. Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country None.

3. (a) PRINT FULL NAME Clara Jane. Board.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow. 2

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Jan. 7. 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	I	I6	hr. min.

9. Birthplace Ozark. Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name Joe. Hambelton.
13. Birthplace Ozark Co. Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Joe Hambelton
15. Birthplace Ozark. Co. Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Tony. Beard.
(b) Address Hardenville Mo

17. (a) Burial (b) Date thereof Feb. 26. 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sallee. Cemetery

18. (a) Signature of funeral director Roller. Funeral. Home
(b) Address Gainerville. Mo

19. (a) 2-26-46 (b) Adain Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23. th
year 1946 hour II. 20 minute P M.

21. I hereby certify that I attended the deceased from April 41, to Feb. 23, 1946
that I last saw her alive on Feb. 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	2 mo
Due to Thyrotoxicosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

63 b

Major findings:
Of operations Thyroidectomy 3 mo. ago.
Of autopsy

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 2

23. Signature M. J. Hoerman (M.D. or other) DO
Address Gainesville, Mo Date signed 2/26/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 346-324
Date Filed MAR 20 1946

MAR 29 1946

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville 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.