

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILM AUG 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24515

State File No. _____

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural- Bridges
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 yrs
years, months or days)

3. (a) PRINT FULL NAME Ted Patrick Hambelton

3. (b) If veteran, name war World War 2 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lessie Hambelton 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased January 14 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 6 5 hr. _____ min.

9. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Produce Merchant

11. Industry or business

12. Name Roy Hambelton

13. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Patrick

15. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Hambelton

(b) Address Gainesville, Mo.

17. (a) Burial (b) Date thereof 7-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patrick Cemetery

18. (a) Signature of funeral director Clinkingbeard Fun. Home

(b) Address Gainesville, Missouri

19. (a) 7-21-46 (b) Adair Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Airplane Accident

(b) Date of occurrence July 19 1946

(c) Where did injury occur Bridges Truss Park, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, workshop, or industrial plant, or in public place?
4 M. N. E. 3rd St. Gainesville

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature M. J. Herman (M. D. or other) D.D.

Address Gainesville, Mo Date signed 7/21/46

RECEIVED

District Health Officer No. 6,

District File Number 846-812

Date Filed AUG 1 - 1948

JUL 25 1956

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.....

W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address.....

Yamessville W

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.