S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 32424

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Stoddard
(c) City ~~or town~~ Bernie
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

103

3. (a) PRINT FULL NAME Myrtle Bell Hamlin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William H. Hamlin
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March (Month) 7 (Day) 1894 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	5	27	hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Jim Trammell
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Williams
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant William H. Hamlin
(b) Address Bernie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bernie Cemetary
18. (a) Signature of funeral director Robert E. Drum
(b) Address Bernie, Mo.
19. (a) 9/6-46 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 year 1946 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from 7-25-, 1946, to 9-3-, 1946 that I last saw her alive on 9-3-, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	2 months
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: — Of operations —	
Of autopsy —	

46F

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 Dawsey, Ryan (M. D. ~~or other~~) MD
Address Bernie Mo Date signed 9-6-46

357

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946 1091
Date Filed 9-10-46

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 J. L. Schuman

Licensed Embalmer No. 4-086

P. O. Address Malden

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.