

FILED NOV 18 1946

Registration District No.

Primary Registration District No. 3033

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs.
In this community Always
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 5
(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 230 E Commercial U
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bonnie Amanda Hemphill

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 5 13 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Oren Hemphill

13. Birthplace Laclede Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Goldie Roberts

15. Birthplace Laclede Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Oren Hemphill

(b) Address Lebanon, Mo.

17. (a) Burial (b) Date thereof 11-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home

18. (a) Signature of funeral director Palmer

(b) Address Lebanon, Mo.

19. (a) Nov 9, 1946 (b) Ora Frankenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Burns

Due to.....

Due to.....

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

Major findings: Of operations.....

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) Accident 53

(b) Date of occurrence Nov. 7, 1946

(c) Where did injury occur? Lebanon Laclede Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?..... (Specify type of place) (e) Means of injury Fire

23. Signature O Palmer Coroner 33
Address Lebanon, Mo. (M. D. or other)

Date signed 11/7/46

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Received 11-12-46
Laclede County Health Unit
File No. 11-46-156
Date Filed 11-12-46

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. *not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.