

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: 230 E. Commercial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Always  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Laclede 53  
 (c) City or town Lebanon 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 230 E. Commercial 2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harold Hemphill  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 7  
 year 1946 hour 12:15 minute P. M. 7  
 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.

4. Sex M O 5. Color or race W  
 6. (a) Single, widowed, married, divorced single 1  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Oct. 19 1934  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Burned to Death  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 12 Months 1 Days 18 If less than one day hr. \_\_\_\_\_ min. 0  
 9. Birthplace: Laclede Co. Mo  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Oren Hemphill  
 13. Birthplace Laclede Co. Mo U  
(City, town, or county) (State or foreign country)  
 14. Maiden name Goldie Roberts  
 15. Birthplace Laclede Co. Mo U  
(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  
Palmer  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Lebanon, Mo.  
 19. (a) Nov 9, 1946 (b) Ora Frankenberg  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 5.3  
 (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  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury Fire  
 23. Signature R. O. Palmer Coroner 3  
(M.D. or other)  
 Address Lebanon, Mo. Date signed 11/7/46

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

Received ..... 11-12-46

Laclede County Health Unit

File No. .... 11-46-155

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.

*Art Embelmer*  
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.**