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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5860

Registration District No. 2-82 Primary Registration District No. 5927 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Eudora Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Aldrich Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Annie D. Hamby
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 Widowed
6. (b) Name of husband or wife A. Alonza Hamby
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased July (Month) 27 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	6	16	hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home Keeper
FATHER
12. Name Hillery Blair
13. Birthplace Polk County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Armenda Huff
15. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Loann Taylor
(b) Address Eudora Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Shady Grove Cemetry
18. (a) Signature of funeral director Gene A. Brown
(b) Address Walnut Grove Mo
19. (a) 2-14-48 (Date received local registrar) (b) Ralph Darden (Registrar's signature) Jewell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from Mar 19 1945 to Feb 13 1948 that I last saw her alive on Feb 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopulmonary Hemorrhage	
Due to Arteriosclerosis & chronic Myocarditis & Acutely	years
Due to decreased circulation of left lower extremity	2 wks
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)
(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 T. F. Wilson M.D. or other
Address Hardy Mo Date signed 7/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-166
Date Filed 3-2-48

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.