

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10952

State File No. \_\_\_\_\_

APR 15 1941

Registration District No. 108

Primary Registration District No. 3020

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether \_\_\_\_\_)

In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 308 N. Orner St. 3  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Russell M. Hamon

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th,  
year 1941 hour 12:45 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy J. Lyberger Hamon

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17, 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-9-  
1940 to 3-27 1941,  
that I last saw him alive on 3-26 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 8 10 hr. \_\_\_\_\_ min.

Immediate cause of death Pneumonia, bronchitis, bilateral 7 days  
Duration

9. Birthplace Seday, Kansas  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Ret'd.

Other conditions Serility 107  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Archer M. Hamon

13. Birthplace Sedan, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Russell M. Hamon

(b) Address 308 N. Orner, Carthage, Mo.

17. (a) Burial (b) Date thereof 3-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetary

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Apr. 28, 1941 (b) E. J. McEntire, R.D.  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

865 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature Russell Hamon (M. D. or other) \_\_\_\_\_

Address Carthage, Mo. Date signed 3-27-41

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

9  
3

41-4-404

**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..... *Ed Miller*

Licensed Embalmer No. *7722*

P. O. Address..... *Quincy*

**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.**