

EMBED JUN 11 1945
Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **103**

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

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 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**
(c) City or town Joplin **2**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. 2513 Empire
(If rural, give location)
(e) Citizen of foreign country? No. **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA CAROLINE HAMON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Russell Hamon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 13 hr. min.

9. Birthplace Evansville, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER } 12. Name William Etter
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Harper
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Meier
(b) Address Kingston, Tenn.

17. (a) Burial (b) Date thereof 5-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) May 14 '45 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12,
year 1945 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from May 9 1945 to May 12 1945
that I last saw him alive on May 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis with dilatation
Due to Influenza

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: of operations
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or D. O.)
Address Carthage, Mo. Date signed May 14

45-5-471

2222

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 Edmund
Licensed Embalmer No. 2222
P. O. Address Carthage

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.