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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 12 1949

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39561**
Registrar's No. **118**

Registration District No. **23**

Primary Registration District No. **3011**

1. PLACE OF DEATH:
(a) County **Carroll**
(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Stator Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Carroll**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 mi So of Bosworth**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **HATTIE V. HOMAN**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **25**
year **1948** hour **8** minute **15** P.M.

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ernest Homan**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Nov 26 1879**
(Month) (Day) (Year)

I hereby certify that I attended the deceased from **Dec 25 1948** to **Dec 1 1948**
that I last saw her alive on **Dec 25 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **0** Days **29**
If less than one day hr. min.

Immediate cause of death **Laceration of intestines**
Due to **?**
Duration **6 Mo**

9. Birthplace **Carroll County, Mo**
(City, town, or county) (State or foreign country)

Due to **?**
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **At Home**

Major findings: Of operations **40 E**
Of autopsy

11. Industry or business

12. Name **C. H. Pemberton**

13. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Scott**

15. Birthplace **Mo 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Homan**

(b) Address **Bosworth, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-28-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill, La**

18. (a) Signature of funeral director **Stanley Gibson**

(b) Address **Carrollton Mo**

19. (a) **12/28/48** (Date received local registrar) **Ms. Herbert Calvert** (Registrar's signature) **45**

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) (a) Means of injury

23. Signature **B. Hamilton** (M. D.)
Address **Carrollton, Mo** Date signed **12/29/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-49

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 _____

Wm R Koch, Registered Apprentice No. 242
working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.