

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35119
 Do not use this space.

NOV 15 1938

1. PLACE OF DEATH
 (a) County Buchanan, Registration District No. 85
 (b) Township _____ Primary Registration District No. 1901
 (c) City St. Joseph, (d) Street No. 2411 Oak Registered No. 1014
 (e) Length of residence in city or town where death occurred 63 yrs. 2 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Charles Edward Hammond,
 (a) Residence, No. 2411 Oak St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lurline Hammond,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1875		
7. AGE 63	YEARS 2	MONTHS 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman		11. Total time (years) spent in this occupation... 30
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad,		
10. Date deceased last worked at this occupation... October 1937,		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,		
13. NAME Benjamin Hammond,		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri,		
15. MAIDEN NAME Henrietta Hahn,		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County, Missouri,		
17. INFORMANT Mrs Lurline Hammond, (ADDRESS) 213 N. 7th. Str. Kansas City, KS		
18. BURIAL, CREMATION, OR REMOVAL PLACE Remove to Yower DATE Oct. 11, 1938		
19. FUNERAL DIRECTOR Heaton Beiler & Bauman (ADDRESS) 319 So. 10th. Str. Funeral Home		
20. FILED 10/11 , 19 38 A. Nestel Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased Diagnose
injury to the body 10/9/1938
 I last saw h. alive on....., 19..... Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute pulmonary Date of onset
hemorrhage ?
 Other contributory causes of importance:
Pulmonary tuberculosis!

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Herbert M. D.
 (Address) 107 West 11th St. St. Joseph, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Oct 9, 1938

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed W. E. Summerfield
Licensed Embalmer No. 3007

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.)