WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D DEC 21 1938

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

38488
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain 2 Registration District No. 26

(b) Township Saltriver 1 Primary Registration District No. 3002 Registered No. 145

(c) City Mexico Mon (d) Street No. 316 West Pearson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 Lee Vernon Hammack

(a) Residence, No. 316 W. Pearson 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: Thelma Hammack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 3, 1914

7. AGE: YEARS 24 MONTHS 0 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov. 15, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County, Mo. 0

FATHER
13. NAME: Rufus Hammack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER
15. MAIDEN NAME: Elva Belcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 0

17. INFORMANT (ADDRESS): Rufus Hammack 111 E. Anderson, Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Elmwood Cemetery, Mexico, Mo. DATE: Nov. 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.A. Precht & Son Mexico, Mo.

20. FILED: Nov 16, 1938 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Coroners Case.
Accidental by Electrocution

Date of onset

Other contributory causes of importance: 193 11

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? Accident Date of injury 11/15, 1938

Where did injury occur? Mexico Refractories (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Electrocution

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Contact of gas pipe with wire

(Signed) B. M. Marlow, M.D.

23 (Address) Coroner Audrain Co. Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-630
Date Filed 12-12-38

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, Earl E. Precht, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.