

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 JUN 15 1939

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

18849  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 5554  
 (c) City Fairmount Sta. K.C. Mo. (d) Street No. 115 S Hedges 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

Harriett V Hammond  
 (a) Residence, No. 115 S Hedges 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hammond  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12, 1844  
 7. AGE YEARS 94 MONTHS 1 DAYS 18 IF LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass  
 FATHER 13. NAME Dave Richardson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass  
 MOTHER 15. MAIDEN NAME Emily Sweet,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass  
 17. INFORMANT Mrs. W. C. Otts  
 (ADDRESS) 115 S Hedges, K.C. Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Nebraska City, Nebr. DATE June 2-39 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30-39, 19  
 22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to May 30, 1939  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:30 m. PM  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis  
Myocardial degeneration  
 Date of onset  
 Other contributory causes of importance: Senility  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? Clin 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?.....  
 If so, specify Chas. Nickerson Jr., M. D.  
 (Signed) Chas. Nickerson Jr.  
 (Address) Independence, Mo.

19. FUNERAL DIRECTOR (NAME) C. H. Blackman & Son, Inc  
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.  
 20. FILED 6-3-39 J. L. Cook  
 Local Registrar.

Dr. Chas. E Nixon,

First National Bank Building,

Indep. Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**