

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

24968
Do not use this space.

AUG 7 1939

1. PLACE OF DEATH
 (a) County Benton Registration District No. 64
 (b) Township Union Primary Registration District No. 5-101 Registered No. 11
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 55 Mrs. Mary Hammond
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hammond
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 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) Mo 0

FATHER
 13. NAME James Hogue 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

MOTHER
 15. MAIDEN NAME Sarah Nottingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) J. W. Hogue
Edwardo mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Watacum DATE 7/3 1939

19. FUNERAL DIRECTOR (ADDRESS) Emwhite
Warsaw mo

20. FILED July 15 1939 M. C. Watson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 1920 1920 to July 2 1939
 I last saw her alive on June 20 1939 Death is said to have occurred on the date stated above, at 20 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
 Date of onset _____
 Other contributory causes of importance: 121

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____ 1939
 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 _____
 (Signed) James P. Logan M. D.
 (Address) Warsaw 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.

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-1147

Date Filed 8-4-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)