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

REC'D OCT 1 ? 1939

31866
Do not use this space.

85

1. PLACE OF DEATH

(a) County BUCHANAN 3 Registration District No. 85

(b) Township 1 Primary Registration District No. 1001 Registered No. 906

(c) or City ST JOSEPH. (d) Street No. 12th + Elsworth 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RALPH - FRANKLIN - HAMM.

(a) Residence, No. 1116 - SIXTH AVE. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1915

7. AGE: YEARS 24 MONTHS 6 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as saw mill, bank, etc. Newmaker Quarry
10. Date deceased last worked at this occupation (month and year) Sept 2 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

FATHER
13. NAME Robert Hamm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

MOTHER
15. MAIDEN NAME Ethel May Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT (ADDRESS) Robt. Hamm St Joseph Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt Auburn Cem DATE Sept 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy Slamey St Joseph Mo

20. FILED Sept 5 1939 H. J. Nestlebush P.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3d 1939, to Viewed, 19..
I last saw h ######### alive on ....., 19.... Death is said to have occurred on the date stated above, at 12, 15 m. A, M,
The principal cause of death and related causes of importance were as follows:

Suicide by fire arms — Date of onset 9/3/39

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Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/3, 1939
Where did injury occur? St Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Publicl place
Manner of injury Gun shot wound
Nature of injury Penetrated heart

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John H Hurley, Registered Apprentice No. ..... working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4056

P. O. Address 2335 S St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.