

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

42657

Do not use this space.

**1. PLACE OF DEATH**

(a) County Andrew Registration District No. 912  
 (b) Township Canaan Primary Registration District No. 6737A  
 or  
 (c) City Hardy (d) Street No. \_\_\_\_\_ 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.

Registered No. 36

**2. PRINT FULL NAME**

530 Minnie Hammett (MINNIE HAMMETT)  
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Hammett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 21 - 1868</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeping</u>	
	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)	<u>Ills</u>	
FATHER	13. NAME <u>Henry Willow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Fredrika Wierburg</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS)	<u>Paul Hammett, Mendon Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>7 Ardmore Mo</u> DATE <u>Dec 10 39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>W. S. N. Allen, Van Buren Mo</u>	
20. FILED	<u>Dec 13 1939</u> <u>Carrie F. Utterback</u> Local Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th. 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Dec 7, 1939  
 I last saw her alive on Nov. 11, 1939 Death is said to have occurred on the date stated above, at 8 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis (Chronic)  
 Other contributory causes of importance: Cardiac Asthma  
 Date of onset 1936

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 \_\_\_\_\_, 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) W. H. McNeal, M. D.  
 (Address) Ladonia 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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-72

Date Filed JAN 8 1940

**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 Wm. B. Waters

Licensed Embalmer No. 3328-

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.**