V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19244

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) ~~City or town~~ St James Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Fed Soldiers Home 30
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 mon (Specify whether
In this community 16 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town St. James, Missouri
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eva E. Hammett 530

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife John H Hammett

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased 4 (Month) 12 (Day) 1851 (Year)

8. AGE: Years 89 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Lepsie (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation House wife 9

11. Industry or business 1

FATHER
12. Name Dont Know 9
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Soliers Home record
(b) Address St James mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 4 (Day) 40 (Year)
(c) Place: burial or cremation Home Cem

18. (a) Signature of funeral director W E Lickliter
(b) Address St James mo

19. (a) 6-1-40 (Date received local registrar) (b) Elsie B. Hauk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12
year 1940 hour 4 00 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb 7, 39
, 19 , to , 19 ;
that I last saw her alive on April 12 , 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs

Due to

Due to 47

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 611 (Specify type of place)
While at work? (e) Means of injury

23. Signature J H Fulbright (M. D. or other) 1
Address St James Mo Date signed 4-14-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 5,
District File Number 640 693
Date Filed 6/24/40

Signed W E Kuchleder

Licensed Embalmer No. 1970

P. O. Address St James 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.