DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19316

State File No.

FILED JUN 14 1940

Registration District No. 733

Primary Registration District No. 4438

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) all his life

In this community 530

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Jefferson D. HAMMETT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 18 (Day) 1847 (Year)

8. AGE: Years 92 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Joseph Hammett
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

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

16. (a) Informant's own signature Mrs. Aubrey Hammett

(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo

18. (a) Signature of funeral director Tom B. Ratton

(b) Address Huntsville, Mo

19. (a) June 4-1940 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12 year 1940 hour 5 minute 40 p. M.

21. I hereby certify that I attended the deceased from 4/24, 1940, to 5/12, 1940 that I last saw him alive on May 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bright's disease - due to acute cystitis -	1 week
Due to Chronic myocarditis	several yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. V. Dreyer M.D. (M. D. or other)

Address Huntsville Mo Date signed 5/16/40

(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.

RECEIVED
District Health Officer No. 10
District File Number 6-40-1132
Date Filed JUN 7 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 Paul T. Patton

Licensed Embalmer No. 4085

P. O. Address Huntsville, Mo

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

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