

MO JUL 17 1940

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

22638
Do not use this space.

1. PLACE OF DEATH
(a) County Ray Registration District No. 248
(b) Township or City Richmond Mo. Primary Registration District No. 3035
(c) City Richmond Mo. (d) Street No. South Shaw St. 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 47 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Isabell Maud Hammer
(a) Residence, No. South Shaw 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 Widowed

5A. IF MARRIED, WIDOWED, HUSBAND OF (OR) WIFE OF George Hammer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April. 1. 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Duties
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)
Rochester New York

13. NAME George Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lankshire England

15. MAIDEN NAME Maud Marguerite Welsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lancaster England

17. INFORMANT (ADDRESS)
Mrs. William Manley Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE June. 29. 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
Chas. J. Hoover Richmond Mo.

20. FILED June 30, 1940 Mabel Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1940, to 6-26, 1940

I last saw her alive on 6-26, 1940. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Hepatitis
Date of onset
121

Other contributory causes of importance:
Chronic Hepatitis

Name of operation None Date of
What test confirmed diagnosis? None 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) Chas. J. Hoover, M. D.
965 (Address) Richmond 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. 6)
DISTRICT NO. 15-4
Date Filed

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, *****
....., Registered Apprentice No.
working under my personal supervision.

Signed *E. Spuman*

Licensed Embalmer No. 2073

P. O. Address Richmond Mo.

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

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