

JAN 25 1941 116

Primary Registration District No. 5166

State File No. ~~64~~

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Near Bachelor Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Life Time
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life Time (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Albert C. Ham

3. (b) If veteran, name war _____ 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife Lula J. Ham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 11 th 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>28</u>	hr. _____ min.

9. Birthplace Near Bachelor Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William C. Ham

18. Birthplace Near Mineola Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rachel E. Peveler

15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Ham

(b) Address Bachelor Mo

17. (a) Burial (b) Date thereof 12/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 12-10-40 (b) Ethel Remington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Near Bachelor Mo Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 th
year 1940 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb. 1937 to Dec 9, 1940

that I last saw him alive on Dec 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration (Several years)
and myocardial degeneration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. D. [illegible] (M. D. number) _____

Address W. D. [illegible] Date signed 12/10/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, XX by on the 9
day of Dec 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.

Registration District No. 116

Primary Registration District No. 5166

Registrar's No. _____

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Shamrock T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

3. (a) PRINT FULL NAME Albert C. Ham

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 married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 78 Months 2 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12/10/40 (b) Ethel Auestrom (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH Month Dec day 9 year 1941 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature S. J. Biland (M. D. or other) _____
Address Wellsville Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

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

1940

S-42040