DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6457

FILED MAR 20 1941

Registration District No. 89 | Primary Registration District No. 5131 | Registrar's No. 132

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

1. PLACE OF DEATH
(a) County: Butler
(b) City or town: Rombauer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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)
In this community: 11

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Butler 12
(c) City or town: Rombauer 0
(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.? 0 years.

3. (a) PRINT FULL NAME: William Jackson Hamm
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widd
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 16. (Day) 1850 (Year)
8. AGE: Years 90 Months 5 Days 22 If less than one day hr. min.
9. Birthplace: Pike Co. (City, town, or county) Del. (State or foreign country)
10. Usual occupation: Odage Remover
11. Industry or business:
MOTHER FATHER
12. Name: John Hamm
13. Birthplace: unk (City, town, or county) (State or foreign country)
14. Maiden name: Sallie Cobb
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Elijah Hamm
(b) Address: Rombauer
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Rombauer Mo
18. (a) Signature of funeral director: Watkins Funeral
(b) Address: Poplar Mo
19. (a) 3/18/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 10 year: 1941 hour: 7 minute: A.M.
21. I hereby certify that I attended the deceased from March 8, 1941 to March 10, 1941 that I last saw him alive on March 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Due to:
Due to: Extreme age
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. F. Tarpley (M. D. or other) D
Address: Fisk Date signed: Mar 10 1941

(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.

Signed Virgil H. Helick

Licensed Embalmer No. 412 2

P. O. Address Dexter - 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, fact should be so stated above.

S. No. 2B
—2-21-40
I X22659

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STANDARD CERTIFICATE OF DEATH

State File No. 6457

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 132

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(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)

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

3. (a) PRINT FULL NAME Wm. Jackson Hamm

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 Sept (Month) 16 (Day) 1850 (Year) 1850

8. AGE: Years 90 Months 5 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1/2/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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. F. Tarpley (M. D. or other)
Address Fisk, Mo. Date signed

SUPPLEMENTARY

S-6457