

Bureau of Health Statistics

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 825

Primary Registration District No. 3039

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William O. Hammer

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Hammer 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 19 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name William Henry Hammer

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

14. Maiden name Martha Shook

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

16. (a) Informant Earnest S. Hammer

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 3-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Ways Funeral Service While at work? 795  
(Specify type of place)

(b) Address Nevada, Mo.

19. (a) 3-25-41 (b) Allen V. Ways  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108  
(c) City or town Nevada (If outside city or town limits, write "RURAL") 2  
(d) Street No. 501 N. College (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1941 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Mar 22 1941 to Mar 24 1941  
that I last saw him alive on Mar 22 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis  
Due to cardio-renal - vascular disease  
Due to 1210

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?

23. Signature Dr. King (M. D. or other)  
Address Nevada, Mo. Date signed 3-27-41

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

38  
1  
2

RECEIVED

District Health Officer No. 7,

District File Number: 4-41-636

Date Filed 4-8-41

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 Allen V. Kays  
Licensed Embalmer No. 1968  
P. O. Address Nevada, 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.