

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

FILED SEP 18 1941

State File No.

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Shamrock (Rural)
(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

3. (a) PRINT FULL NAME Jeanette Ham

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

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 26, 1941
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Forrest William Ham
 13. Birthplace Montgomery City, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Doris Fern Thomas
 15. Birthplace Middletown, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest William Ham

(b) Address Star Route, Wellsville, Mo.

17. (a) Burial (b) Date thereof Aug 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville

18. (a) Signature of funeral director F. W. Kubie

(b) Address Wellsville, Mo.

19. (a) Aug 28 1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
 year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 26, 19 41 to Aug. 28, 19 41
 that I last saw her alive on Aug. 26 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death
Premature infant intrauterine life of 6 mo.

Due to Premature birth due to severe glycosuria of mother

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 Dr. A. A. Markonchak (Physician or other) D.O.
 Address Wellsville, Mo. Date signed 8/28/41

Duration:

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 941-1685

Date Filed SEP 16 1941

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.....

Body was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. C. Kuhn

Licensed Embalmer No. 3059

P. O. Address Wellsville N.Y.

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.