

No. 2
-1-4-41
-17-39
X26390

SEP 12 1941
Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 1049 Pennsylvania
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None / (Specify whether years, months or days)

In this community 35 Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 641

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1049 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Zack Medford Hammack

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1941 hour 11 minute 15 P. M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Nov. 15 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 6 1941 to Aug 8 1941
that I last saw him live on Aug 8 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 8 Days 24
If less than one day hr. min.

Immediate cause of death Myo Carditis, Chr.

Due to 932

Due to _____

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

10. Usual occupation Blacksmith (If III or II)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name George Hammack

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Nancy Greenstreet

15. Birthplace No Record (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Hammack

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

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? _____

18. (a) Signature of funeral director Shurebut Und. Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 8-9-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) _____

Address Joplin Mo Date signed 8-9-41

DR. W.L. WILSON
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-9-753

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 Steve D. Parkey
Licensed Embalmer No. 2548
P. O. Address Goffin Ave

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.