No. 2
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17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35201

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 152

**1. PLACE OF DEATH:**

(a) County: Jasper

(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1309 Forrest St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community since 1918

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jasper 049

(c) City or town: Carthage (If outside city or town limits, write "RURAL") 3

(d) Street No. 1309 Forrest St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME: Mary Margaret Hammond

3. (b) If veteran, name war: —

3. (c) Social Security No. None

4. Sex: Female 1

5. Color or race: White

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

6. (b) Name of husband or wife: Geo. H. Hammond

6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: Dec. (Month) 20 (Day) 1865 (Year)

8. AGE: Years 75 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Lawrence (City, town, or county) Missouri (State or foreign country) 10

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Samuel H. Liles

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

14. Maiden name: Martha E. Ruark.

15. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Mrs. M. Hammond

(b) Address: 1309 Forrest ST. Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Roy Springs, Dade Co.

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: 1208 S. Garrison

19. (a) Oct. 20, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 6? year 1941 hour ? minute ? M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw Did not see her alive ..... 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Found dead in home Oct 19. '41

Due to: Probably to heart lesion

Due to:

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

Major findings: Of operations: 95C 2

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: Coroner 2

23. Signature: [illegible] (M. D. or other)

Address: Carthage Mo. Date signed Oct. 22

(Licensed Embalmer's Statement on Reverse Side)

41-11-907

## 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.....

Licensed Embalmer No. 2222

P. O. Address Carthage

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**