

FILED MAR 16 1942 8

Registration District No. 8

Primary Registration District No. 5893

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Bowling Green  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Beaman mo / R#1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pettis 80

(c) City or town Rural 1  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Beaman R#1  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Isabelle Hammack

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1942 hour 8 minute any M.

21. I hereby certify that I attended the deceased from Jan 15  
1942 to Feb 7 1942

that I last saw him alive on Feb 6 1942  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Thomas Hammack 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Apr. 8 1858  
(Month) (Day) (Year)

Immediate cause of death Asphyxiation  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93a

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years 85 Months 9 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo. W. Thomas

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

14. Maiden name Julia Jennings

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

16. (a) Informant Thomas Hammack

(b) Address Beaman, mo

17. (a) Burial (b) Date thereof 2/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cem

18. (a) Signature of funeral director Gillespie

(b) Address Idalia mo

19. (a) 2/9/42 (b) ma Anna Berger  
(Date received local registrar) (Registrar's signature)

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? Yes (Specify type of job) \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature Wm. H. ... (M. D. or other) \_\_\_\_\_  
Address Wm. H. ... Date 2/9/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-15-42

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**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.....

*L. E. Beubler*

Licensed Embalmer No.

*3867*

P. O. Address.....

*Beubler 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.**