

FILED MAR 9 1942

Registration District No. 075

Primary Registration District No. 3039

Registrar's No. 65

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
In this community 2 days
years, months or days

3. (a) PRINT FULL NAME William Hummel
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. unknown unknown 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months unknown Days unknown
If less than one day hr. min.

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

10. Usual occupation Common laborer

11. Industry or business -

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant P. W. Drumbach
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Feb 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chick Cemetery

18. (a) Signature of funeral director Boys Funeral Service
(b) Address Nevada, Mo.

19. (a) 2-15-1942 (b) Allen J. Hoops
(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")
(d) Street No. South Lynn Street 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-13 day
year 1942 hour 10:45 minute 45 M.

21. I hereby certify that I attended the deceased from Feb 12
1942 to Feb 13 1942
that I last saw him alive on Feb 13
and that death occurred on the date and hour stated above.

Immediate cause of death. acute bronchial pneumonia
Due to 107

Duration 3 days

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

Major findings: Of operations none
Of autopsy none

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 _____

23. Signature [Signature] (M. D. or other) 0
Address Nevada Mo Date signed Feb 29 42

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

795

RECEIVED

District Health Officer No. 7,

District File Number 3-42-191

Date Filed 3-5-42

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 S. Hayes

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, fact should be so stated above.