

FILED APR 15 1942

Registration District No. 897

Primary Registration District No. 4530

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community about 4 years (years, months or days)

3. (a) PRINT FULL NAME IDA WIRTZ HAMMER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John Hammer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 17, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Saline (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Samuel Wirtz

13. Birthplace Aarau (City, town, or county) Switz 5 (State or foreign country)

14. Maiden name Barbara (City, town, or county) _____ (State or foreign country)

15. Birthplace Aarau (City, town, or county) Switz 5 (State or foreign country)

16. (a) Informant Ida Colson

(b) Address Schell city, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Prinzie City Cemetery

18. (a) Signature of funeral director Lute Lewis & Son

(b) Address Schell city, mo

19. (a) Mar 11 42 (Date received local registrar) (b) Ida Colson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 16 19 42 to March 10 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis Duration 8 day

Due to Endocarditis 5 yrs

Due to _____

Other conditions no (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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) no

(b) Date of occurrence _____

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Ida Colson (M. D. or other) Address Schell City Mo Date signed 3-10-42

RECEIVED

District Health Officer No. 7¹

District File Number 4-42-417

Date Filed 4-14-42

APR 16 1951

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.....

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.