V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

108

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12277

Registration District No. 875 — Primary Registration District No. 6162 — Registrar's No. 3

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Washington Tp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yrs 1 month (Specify whether years, months or days) In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas 34

(c) City or town Ava (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.

3. (a) PRINT FULL NAME Ellen Hammons

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dk (Month) Dk (Day) 1884 (Year)

8. AGE: Years 58 | Months Dk | Days Dk | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Dk
13. Birthplace Dk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dk
15. Birthplace Dk (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Rec'd

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. Cemetery

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada, Mo.

19. (a) March 11, 1942 (Date received local registrar) (b) Dentry Stevenson By Vivian L. Bryant (Registrar's signature)

1232 Subregistrar (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1942 hour 5 minute 5 A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1938, to March 8, 1942 that I last saw her alive on March 7, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	
Due to Potts Disease of the Spine	9 months
Due to Broncho pneumonia - left lower	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy Potts Disease of Spine, Psoas Abscess - Toxic hepatitis

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 Wm. J. Crener (M. D. or other)

Address Nevada Date signed 3/9/42

RECEIVED
District Health Officer No. 7
District File Number 4-42-433
Date Filed 4-14-42

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~~ Not Embalmed

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Allen E. Hays

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, above space should be left blank.