

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 1 Mo. & 12 days
In this community 3 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. Richland Hotel
402 1/2 E. 15th.
(e) Citizen of foreign country? (Yes) or No

3. (a) PRINT FULL NAME Joseph HAMMARLEY

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Hammarley 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 25 1872

8. AGE: Years 69 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Margaret Hammarley
(b) Address 402 1/2 East 15th St. K.C. Mo.

17. (a) Burial (b) Date thereof 6 18 42
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 17/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1942 hour 2 minute 10 A.M. M.

21. I hereby certify that I attended the deceased from 5-3-42 19 to 6-15-42 19 that I last saw him alive on 6-15-42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to 46 B

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury 11

23. Signature July R. Johnson (M. D. or other) Med. Dir. K.C. Gen. Hospital Date signed

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

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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

Blaine E. Walker

Licensed Embalmer No.

4025

P. O. Address

2332 Mount St

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.