S. No. 2
I—9-4-41
. 5-17-39
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26947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 3 1942

Registration District No. 77 Primary Registration District No. 8012 Registrar's No. 131

24

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 220 days (Specify whether
In this community 220 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1826 East 67th Terrace, 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HAMM, George C.

3. (b) If veteran, name war World

3. (c) Social Security No. Yes, not remembered.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Gladys Gertrude Hamm

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

7. Birth date of deceased October 27, 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 30 If less than one day hr. min.

9. Birthplace Doone, Waterloo, Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Lineman.

11. Industry or business Lineman.

FATHER
12. Name Daniel Hamm
13. Birthplace unknown England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Grace Fuge
15. Birthplace unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records, Veterans
(b) Address Adm. Facility, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Morian Cemetery, K.C.Mo.

18. (a) Signature of funeral director D.W. NEWCOMER'S SONS,
(b) Address Paseo & Brush Creek, K.C. Missouri.

19. (a) 8-27-42 Mrs Sadie Redmon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from January 18, 1942, to August 26, 1942
that I last saw him alive on August 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive disease of the heart with cardiac enlargement, myocardial fibrosis, mitral incompetency, ~~xxxx~~ myocardial insufficiency and right bundle branch block, class 4. — Duration: unknown.

~~xxxx~~
Secondary: Nephritis, interstitial, chronic. — unknown.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations.

Of autopsy Cardiac hypertrophy; Interstitial nephritis, chronic.

131a

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 Chas J Hufnagel M.D.
CHAS. J. HUFNAGEL, M.D.
Address Veterans Administration, Excelsior Springs, Mo. Date signed 8/27/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 9-2-42

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 J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Kansas 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.