

FILED SEP 11 1942

Registration District No. 50-360

Primary Registration District No. 40-706225

Registrar's No. 36

108
0
0

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

1. PLACE OF DEATH:

(a) County: Bernon

(b) City or town: Burns - Washington
(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 1 yr. 8 months
(Specify whether Same)

In this community Same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Candor

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

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Leonard M. Hammers

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, single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: 30 years
(Month) (Day) (Year)

7. Birth date of deceased: Oct 30 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>9</u>	<u>28</u>	hr. min.

9. Birthplace: Stoutland Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

MOTHER FATHER

12. Name: Monroe Hammers

13. Birthplace: Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Eda Mande Jacobs

15. Birthplace: Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Asp. Reed

(b) Address:

17. (a) Burial
(Burial, cremation, or other disposal)

(b) Date thereof: Aug 29 1942
(Month) (Day) (Year)

(c) Place: burial or cremation: Stoutland Mo

18. (a) Signature of funeral director: W. J. ...

(b) Address: Stoutland Mo

19. (a) Sept 1 1942
(Date received local registrar)

Eda Mande Jacobs
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year: 1942 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from Aug 23 1942 to Aug 27 1942
that I last saw him alive on Aug 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Lobar pneumonia

Due to: Spontaneous Pneumothorax - R.

Due to:

Other conditions: 108
(Include pregnancy within 3 months of death)

Major findings: 108
Of operations:

Of autopsy: as above

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)

(f) Means of injury:

Signature: W. J. ... (M. D. or other)

Address: Nebraska

Date signed: 8/28-42

RECEIVED

District Hearing Officer No. 7,

District File Number 9-42-995

Date Filed 9-9-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.