

FILED JAN 3 1943

Registration District No. 354

Primary Registration District No. 6198

Registrar's No. 9

107
6

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

1. PLACE OF DEATH:

(a) County TEXAS

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 7 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 107

(a) State MO. (b) County TEXAS

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

(d) Street No. NEAR SAMMONS, MO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDDIE ELMER HAMMER

(b) If veteran, name war WORLD WAR I

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 24
1942 year 5 hour _____ minute _____ A. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY EMMA HAMMER 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased AUG 20 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 24 1942 to Dec 24 1942 that I last saw him alive on Dec 24 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>4</u>	hr. _____ min _____

Immediate cause of death
Coronary Thrombosis

Duration _____

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

Due to _____

Due to _____

10. Usual occupation FARMER

Other conditions 9/4 a
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE W. HAMMER

18. Birthplace IOWA
(City, town, or county) (State or foreign country)

14. Maiden name ISABELLE MARSHALL
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS MARY HAMMER

(b) Address CABOOL, MO

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? _____

17. (a) BURIAL (b) Date thereof 12/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CABOOL

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address CABOOL, MO

19. (a) Dec 31-42 (b) Mrs Lou Miller
(Date received local registry) (Registrar's signature)

23. Signature A. R. Grease (M. D. or other) MD

Address Cabool, Mo. Date signed 1/27/43

RECEIVED

District Health Officer, No. A,

District File Number 14398

Date Filed 1-6-49

CANINE
MARRIAGE

FEB 17 1948

FOOT LOCKER EMBALMER

WORLD WAR I

JAN 17 1948

JAN 22 1948

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 Frank E. Wood

Licensed Embalmer, No. 4026

P. O. Address Houston, Tex

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.