

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9103

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1209

1. PLACE OF DEATH:

(a) County. Jackson
 (b) City or town. Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Clark Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. One Year
 In this community. 40 Years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME JUSTIN G. HAMMER3. (b) If veteran, name war. No 3. (c) Social Security No. none4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced. Widowed6. (b) Name of husband or wife. unknown 6. (c) Age of husband or wife if alive. _____ years7. Birth date of deceased. September 18 1866
(Month) (Day) (Year)8. AGE: Years 76 Months 15 Days 27 If less than one day _____ hr. _____ min.9. Birthplace Dont Know Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter11. Industry or business Own Business12. Name D. n. T.13. Birthplace n. T.
(City, town, or county) (State or foreign country)14. Maiden name n.
15. Birthplace n. T.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Rita Bourman
(b) Address Chase Hotel, Kansas City, Mo17. (a) Burial (b) Date thereof March 17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Highland Park Cemetery18. (a) Signature of funeral director Harry Butler
(b) Address 22 South 18th St. K.C.K.19. (a) 3-16-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
 (c) City or town. Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 215 1/2 Independence Ave. K.C. Mo.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1943 hour 1 P.M. minute _____ M.21. I hereby certify that I attended the deceased from 3-1-43
to 3-15-43
that I last saw him alive on 3-15-43
and that death occurred on the date and hour stated above.Immediate cause of death Ch. Myocarditis Duration 6 wksDue to General Arterio Sclerosis 1947Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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?

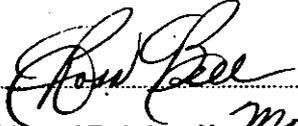
While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature Frederick A. Balducci M. D. or other _____
Address 317 Argyle Bldg Date signed 3/16/43

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. *Mo. 3426*

P. O. Address *Kansas City Kansas.*

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.