

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Blue Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
320 Blue Ridge
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 51 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town 320 Blue Ridge
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Blue Twp.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME George Isaac Ham
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced. Widowed
 6. (b) Name of husband or wife Ida Ham 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased April 5, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>14</u>hr.min.

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

10. Usual occupation Retired

11. Industry or business James Pleasant Ham

12. Name James Pleasant Ham
 13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Naylor
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Rainey
 (b) Address 3404 Morrell

17. (a) Burial (b) Date thereof Feb. 23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address.....

19. (a) 2-23-43 (b) James W. Ross
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
 year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 1943 to 1943
 and that death occurred on the date and hour stated above

that I last saw him alive on 1943
 and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of stomach
 Duration.....

Due to.....

Due to.....

Other conditions H6 f
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy dissection & history

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) (e) Means of injury.....

23. Signature James W. Ross 2/23/43
(Date received local registrar's certificate) (Date of issue)

Address Green Date issued.....

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

18
000

48

0

0

MOTHER FATHER

Gray Hair
Brown Eyes
~~125~~ 125 lbs.
~~5~~ 5 ft. 9 in.

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.