

V. S. No. 2  
50M-5425  
Rev. 5-17-35  
X32873

22209

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 24

84  
1  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Salina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
215 Chestnut St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 42 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Salina 84  
(If outside city or town limits, write "RURAL")  
(d) Street No. 215 Chestnut St. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Edith Hastain Hammer

3. (b) If veteran, name war None 3. (c) Social Security No. None

5. Color or race Female / white 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife James Hammer 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Dec 22, 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 15 If less than one day  
.....hr. ....min.

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

10. Usual occupation Housekeeper

11. Industry or business House work

12. Name William Sidney White

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

14. Maiden name Martha Nicholas

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

16. (a) Informant Mrs. Dora Townsend

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof June 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Carwin Blue

(b) Address Salina Mo.

19. (a) June 13, 1943 (b) Alise Palen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1943 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1943 to June 6, 1943  
that I last saw him alive on June 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death) 93d

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) Means of injury D

23. Signature Doyle C. McEvers M. D. or other.....  
Address..... Date signed.....

1294 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 6-43-685

Date Filed 7-8-43

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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 William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.