

FILED AUG 14 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(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: **St Marys Hospital**
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution **1 wk**
(Specify whether)

In this community **1 wk**
years, months or days

3. (a) PRINT FULL NAME: **James Hammond**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex: **Male**

5. Color race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Katherine Hammond**

6. (c) Age of husband or wife if alive: **68** years

7. Birth date of deceased: **Aug 17 1874**
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **23**
If less than one day hr. min.

9. Birthplace: **Johnson County Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation: **FARMER + Fruit grower**

11. Industry or business: **-**

12. Name: **Francis Hammond**

13. Birthplace: **London England**
(City, town, or county) (State or foreign country)

14. Maiden name: **Elizabeth Husband**

15. Birthplace: **London England**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Katherine Hammond**

(b) Address: **Osage Sts R.F.D.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof: **8-7-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation: **MR St Marys Cemetery Kansas City Mo**

18. (a) Signature of funeral director: **H.E. Julien**

(b) Address: **Olatheks Mo**

19. (a) **8-6-43**
(Date received local registrar)

(b) **J.E. Brown**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Kansas**

(b) County: **Johnson**

(c) City or town: **Monticello Twp.**
(If outside city or town limits, write "RURAL")

(d) Street No.: **Olathe - R.F.D.**
(If rural, give location)

(e) Citizen of foreign country? **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5**
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **Aug 8 1943** to **Aug 5 1943**; that I last saw him alive on **Aug 4 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute dilatation of heart.**

Duration

Due to: **930**

Due to:

Other conditions: **Ch. Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: **Acute Myocarditis**

Of operations:

Of autopsy:

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:

While at work? (Specify type of place) (e) Means of injury:

23. Signature: **C. Carson M.D.** (M. D. or other)

Address: **242 Plaza Hill** Date signed: **8/6/43**

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 Apprenticé No.....
working under my personal supervision.

Signed

H. E. Julien

Licensed Embalmer No.

2042

P. O. Address

Olatche 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.