S. No. 2
OM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25937

State File No.

FILED AUG 6 1943

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 40

94
0
0

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge Randolph Tenn 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois
(c) City or town Desloge 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Katherine Jane Hammon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Poly
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 1st (Day) 1943 (Year)

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace Desloge (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name James Paul Hammon
13. Birthplace Mississippi County Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Geneva Katherine Kennon
15. Birthplace Madison County Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Paul Hammon
(b) Address Desloge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mine La Motte Mo
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 7-28-43 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1943 hour 7 minute 10 A M.
21. I hereby certify that I attended the deceased from July 1st, 1943, to July 3rd, 1943; that I last saw her alive on July 3rd, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital debility	
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)
While at work? (e) Means of injury A

23. Signature W. Dean Morris (M. D. or other) D.O.
Address Elvins, Mo. Date signed 7-27-43

1176

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 843-250

Date Filed 8-5-43

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. .....

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.