

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1114 Vineyard Square /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 74 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 Vineyard Square
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Katherine Hammen
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 3
year 43 hour 3 minute 50 A.M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. A. E. Hammen
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased August 16 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/1/43 19 to 9/3/43 19
that I last saw her alive on 9/3/43 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 18 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death
Malignancy thyroid gland (metastatic)
Malignancy of kidney (hypernephroma?)
Duration
? ?

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

Other conditions _____ (Include pregnancy within 3 months of death)
520

10. Usual occupation Housewife

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Benjamin M. Hampton
13. Birthplace Not Known _____
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rice
15. Birthplace Not Known _____
(City, town, or county) (State or foreign country)

16. (a) Informant Albert H. Hammen
(b) Address Fulton, Missouri

17. (a) Burial (b) Date of col. Sept-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Soalm
(b) Address Jefferson City, Missouri

19. (a) 9-3-43 (b) Thos. J. Soalm
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature David Baker (M. D. or other) _____
Address Jefferson City, Mo. Date signed 9/3/43

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

MOTHER FATHER

26
5
4

544

doe

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.