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17-36
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FILED OCT 5 1943 19 2

Registration District No. **192**

Primary Registration District No. **4305**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **McDonald**
(b) City or town **Anderson**
(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 **2 mo.** years, months or days

3. (a) PRINT FULL NAME **William Clarence Hammock**
3. (b) If veteran, name war. No. _____
3. (c) Social Security No. _____

4. Sex **M** 5. Color or Race **W**
6. (a) Single, widowed, married, divorced **2** **Widowed**
6. (b) Name of husband or wife **Lilly Hammock** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **Nov. 26 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **9** Days **29** If less than one day hr. _____ min.

9. Birthplace **Benton Co. Ark.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER
11. Industry or business _____
12. Name **Wm. Hammock**
13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **9** (City, town, or county) (State or foreign country)

16. (a) Informant **Lloyd Hammock**
(b) Address **Bentonville Ark.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-28-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Hickman Cem.**

18. (a) Signature of funeral director **Ralph Miller**
(b) Address **124 Ridge Ark.**

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Arkansas** (b) County **Benton**
(c) City or town **Bentonville R4** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **25** year **1943** hour **7** minute **10** P. M.

21. I hereby certify that I attended the deceased from **Sept 20** 19 **43**, to **Sept 25** 19 **43**.
that I last saw him alive on **Sept 25** 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Asthma**
Due to **Arteriosclerosis of Mitral stenosis**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **92**
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 _____
23. Signature **H. B. Bush** (M. D. or other) _____
Address **Anderson Missouri** Date signed **9/25/43**

Duration **2 weeks**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1524

(Licensed Embalmer's Statement on Reverse Side)

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.

Registration District No. 192

Primary Registration District No. 4305

Registrar's No. 16

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Anderson
(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:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr Clarence Hammock
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 26 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days _____ If less than one day _____ mo.
9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Will Hammack
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. V. Phillips
(b) Address Anderson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Pear Ridge Ark.
18. (a) Signature of funeral director Ralph Miller
(b) Address Gla Ridge Ark.
19. (a) 9/29/43 (Date received local registrar) (b) Virginia Buck (Registrar's signature)

Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
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 _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

32065