

FILED JAN 5 1944
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Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1423 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 23 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 Back Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maude Mae Hammonds

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chester Hammonds 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 30 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Frank Milligan

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

14. Maiden name Cornelia Cope

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

16. (a) Informant Chester Hammond

(b) Address 1423 Indiana - K.C., Mo.

17. (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kansas City, Missouri

19. (a) 12-22-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-1 day 12
year 43 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 11-1-43 to 12-12-43, 1943

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Gall Bladder
Ca of Liver

Due to _____

Due to 46/6

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Gall Bladder
Ca of Liver

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 [Signature] (M. D. or D. O.)
Address Plaza Hotel Bldg Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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1213-43

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 *Arthur Doe*
Licensed Embalmer No. 2810
P. O. Address *K. C. Me*

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.