

FILED MAY 8 1944

Registration District No. 72

Primary Registration District No. 2015

Registrar's No. 28

1. PLACE OF DEATH:

(a) County CLINTON
 (b) City or town CAMERON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
608 E 2nd St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 (Specify whether years, months or days) 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
 (c) City or town Cameron 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 608 E 2nd St. 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country — 0

3. (a) PRINT FULL NAME MATTIE JANE HAMER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

4. Sex Female! 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife S B Hamer
 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased May 9 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 24 hr. min.

9. Birthplace Richmond Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Emmanuel Bales
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Hamilton
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Glodonna Kearns

(b) Address Cameron Mo.

17. (a) Burial (b) Date thereof 4 30 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Traceland cem.

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron Mo.

19. (a) Apr. 28, 1944 (b) Mrs. Kathleen Harris
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1944 hour 4:35 PM minute — M.

21. I hereby certify that I attended the deceased from April 3
 1944, to April 27, 1944
 that I last saw her alive on April 26, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic
 Duration

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

While at work? — (Specify type of place) (Cause of injury)

23. Signature J. Bales (M. D. or other)

Address Cameron Mo. Date signed Apr 27/44

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Camero Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.