S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18341

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 232

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

9
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Herman's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 817 west 9th St 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME Sarah Hammond

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 8 (Day) 1883 (Year)

8. AGE: Years 61 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name no record
13. Birthplace no record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. E. Savage
(b) Address 817 west 9th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Kornhill Dillon
(b) Address 4th & Wall St. Joplin

19. (a) 5-8-1944 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1944 hour 9 minute 20a M.

21. I hereby certify that I attended the deceased from 4-15 1944 to 5-6 1944
that I last saw her alive on 5-6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lucific hepatitis Jaundice — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 30g

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Ed D James (M. D. ~~or other~~)

Address Joplin Mo Date signed 5-6-44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-5-396

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 Paul a Lamhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.