No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20646

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2782

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2509 Mersington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2509 Mersington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bess Hammer

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 Van D. Hammer

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 4 (Day) 1894 (Year)

8. AGE: Years 49 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Allen Porter
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Bowen
15. Birthplace Henderson Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Van D. Hammer
(b) Address 2509 Mersington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery Kansas City, Kansas

18. (a) Signature of funeral director J. F. O'Donnell
(b) Address 3256 Broadway

19. (a) 7-5-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1944 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 10 44, to July 1, 1944; that I last saw her alive on June 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of heart	2 days
Due to: Aortic regurgitation	1 yr
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury no

23. Signature Glenn C. Carbaugh (M. D. or other)
Address 14 Bryant Bldg KC Mo Date July 5 1944

(Licensed Embalmer's Statement on Reverse Side)

Eugene Carbaugh
Bryant Bldg.

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 Park G. Raine

Licensed Embalmer No. 2347

P. O. Address K C Mo

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

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