

S. No. 2
M-5-43
y. 5-17-39
I X36671

FILED MAR 10 1945

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

In this community **10 days**

3. (a) PRINT FULL NAME **Nancy Sue Hammond**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **infant**

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

7. Birth date of deceased **February 9 1945**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	10	hr. min.

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

10. Usual occupation **infant**

11. Industry or business _____

MOTHER FATHER

12. Name **Lemuel B Hammond**

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

14. Maiden name **Aleta Pitts**

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

16. (a) Informant **Lemuel B Hammond**

(b) Address **732 Moffet, Joplin, Mo**

17. (a) **Burial** (b) Date thereof **2-20-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetary**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin St., Joplin, Mo**

19. (a) **Mar. 2, 1945** (b) **Mrs. Willie Eagle**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper 49**

(c) City or town **Webb City**
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **Jane Chinn Hospital**
(If rural, give location) **2**

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **19**
year **1945** hour **7** minute **30-A** M.

21. I hereby certify that I attended the deceased from **Feb- 9 1945** to **Feb- 19 1945**
that I last saw her alive on **February 19 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cachexia** **10-days**
Duration

Due to **Prematurity of 7 months** **2-month**

Due to **Premature rupture of Amniotic sac at 7th month**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy **159**

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)

(c) Means of injury _____

23. Signature **W. M. ...** (If D. or other) **00**

Address **1702 Joplin St. Joplin, Mo** signed **2-20-45**

1180

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 F. M. Jones

Licensed Embalmer No. 2319

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.