

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9430

FILED APR 9 1945

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 611 Isley
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution #####
(Specify whether years, months or days)
 In this community 73 Years 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴
 (c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
 (d) Street No. 611 Isley
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country #####

3. (a) PRINT FULL NAME ROBERT L. HAMNER

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

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

6. (b) Name of husband or wife Nola Hamner
 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb 22 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	0	28	hr. <u>##</u> min.

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

10. Usual occupation Grocery Business (Retired)

11. Industry or business

MOTHER FATHER { 12. Name Joseph Hamner

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ⁹

15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mr W. J. Hamner
 (b) Address Kansas City Missouri

17. (a) Burial (b) Date thereof Mar-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery
 18. (a) Signature of funeral director Herbert Hope
 (b) Address Excelsior Springs Missouri

19. (a) 3-22-45 (b) Mrs Lude Hamner
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
 year 1945 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Coroner's Case
 that I last saw him alive on 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
with coronary atherosclerosis

Due to History

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Coronary Case
 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:
 (c) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John A. Motta ^(Coroner)
 Address North Kansas City Mo
 Date signed 3/29/45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date filed

8/6/42

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.