

State File No. \_\_\_\_\_

FILED MAY 14 1945  
107

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Goble, Mo. (Rural) Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community Since 1937 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Goble - (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. ON County Line Road  
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRIET Lula Bell HAMMON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRil day 14th  
year 1945 hour 1:00 minute A.M.

4. Sex F

5. Color or race Colored

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

6. (b) Name of husband or wife Willie Ed HAMMON

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JANUARY 16 - 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 17 45 to March 24 45  
that I last saw her alive on March 24 - 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

42 2 29 hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of Cervix

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace CARROLTON County - Miss. 1  
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Day laborer farm + home

11. Industry or business farm

12. Name Mile 6 Pittman

13. Birthplace UNKNOWN MISSISSIPPI  
(City, town or county) (State or foreign country)

14. Maiden name Katy Bell Liddle

15. Birthplace UNKNOWN MISSISSIPPI  
(City, town or county) (State or foreign country)

PHYSICIAN

Major findings: 480

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Alice Liddle

(b) Address Lilbourn - Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-19-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Goble R. Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Paul Johnson

(b) Address Consett Mo

19. (a) 4-20-45 (b) John Blankenship  
(Date received local registrar) (Registrar's signature)

23. Signature R. P. Kohler (M. D. or other) Dr  
Address Consett Date signed 4-18-45

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

35-  
0  
0

RECEIVED

District Health Office No. 2,

District File Number 545-632

Date Filed 5/7/45

**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 [Signature]

Licensed Embalmer No. 2556-

P. O. Address [Address]

**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.**