

FILED JUL 13 1945

Registration District No. 210

Primary Registration District No. 5776

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

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

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

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Marion Albert Hammors

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 25 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jonathan Hammors

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

14. Maiden name Margaret Stanturf

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

16. (a) Informant Will Hammors

(b) Address Spickard 710

17. (a) Burial (b) Date thereof June 18 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wygatt Cem. Mercer Co Mo

18. (a) Signature of funeral director Schooler Funeral Home

(b) Address Spickard 710

19. (a) 6/22/45 (b) Van Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer

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

(d) Street No. Washington  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1945 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Probably heart disease (organic) was found dead near home due to frequent attacks of heart trouble

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

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

Duration

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 952

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) (e) Means of injury \_\_\_\_\_

23. Signature E. W. Ewing (M. D. or other)

Address Spickard 710 Date signed 6-18-45

1051

**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.

RECEIVED  
District Health Officer No. 11,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

Signed Ross Wise .....

Licensed Embalmer No. 3771 .....

P. O. Address Spickard 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.