

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21033

State File No. _____

REC JUL 9 1945
Registration District No. 280

Primary Registration District No. 4416

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Platte Co.
(b) City or town Platte City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Her Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte Co.
(c) City or town Platte City MO.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Lee Hammond

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

4. Sex Female? 5. Color or race Black
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Hammond
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 20 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Berch

13. Birthplace Platte Co., MO.
(City, town, or county) (State or foreign country)

14. Maiden name Bettie Corbin

15. Birthplace Platte Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Hammond

(b) Address Platte City

17. (a) Burial (b) Date thereof May 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cem.

18. (a) Signature of funeral director Rollins Mitchell

(b) Address Platte City Mo.

19. (a) 6-3-45 (b) Mrs. Clay B. Jfee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1945 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 10 1945 to May 20 1945
that I last saw her alive on May 20 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 1/2

Due to Hypertension Years?

Due to Obesity Years?

Other conditions (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) _____

(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 Dr. Langford (M. D. or _____)

Address Platte City Mo Date signed 6/23/45

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

MOTHER FATHER

1204

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 Francis M. Gifford
Licensed Embalmer No. 4393
P. O. Address Platte City, 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.