

FILED AUG 18 1945

State File No. _____

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 72

1. PLACE OF DEATH:

(a) County CANDEN
(b) City or town CAMDENTON
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CANDEN 15
(c) City or town CAMDENTON
(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 Theodora HAMMER

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

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CONFARE HAMMER 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased OCT 3 1973
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name ALEXANDER COOPER HAMMER
13. Birthplace TENN
(City, town, or county) (State or foreign country)
14. Maiden name MALISSA LOMENICK
15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Ennie Hammer
(b) Address CAMDENTON MO

17. (a) BURIAL (b) Date thereof 7-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGH POINT

18. (a) Signature of funeral director LEAH W. PALMERS
(b) Address LEAH W. PALMERS

19. (a) July 23 1945 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22
year 1945 hour 7 minute _____

21. I hereby certify that I attended the deceased from Feb 2, 1941
to July 7, 1945
that I last saw her alive on July 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure with uremia Duration 2 mo
Due to Hypertension years
Due to Chromocystitis nephritis years

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

Major findings: Of operations _____ Of autopsy _____
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? _____

(Specify type of place) While at work _____ (e) Means of injury 2
23. Signature J. D. Hetherington (M. D. or other) SO
Address CAMDENTON MO Date signed 7-23-45

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

MOTHER FATHER

