S. No. 2
M—5-43
. 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. 28169

FILED SEP 13 1945

Registration District No. 2 7 9 Primary Registration District No. 3012 Registrar's No. 201

**1. PLACE OF DEATH:**
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 234 S. HARRISON 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 MONTHS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA 1
(If outside city or town limits, write "RURAL")
(d) Street No. 234 S. HARRISON 4
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAURA HAMMOND WEBB
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ARCH B. 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 2 (Month) - 18 (Day) - 1888 (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUGUST day 1ST
year 1945 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from April, 19 45 to Aug 8, 19 45
that I last saw h[illegible] alive on July 31, 19 45
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Mitral Insufficiency | years |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | PHYSICIAN |
| Of autopsy | Underline the cause to which death should be charged statistically. |

8. AGE: Years 57 | Months 5 | Days 11 | If less than one day hr. min.
9. Birthplace HOLDON (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name T. D. HAMMOND
13. Birthplace HOLDON (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name LILLIE THOMPSON
15. Birthplace HOLDON (City, town, or county) MO (State or foreign country)

16. (a) Informant ARCH B. WEBB
(b) Address SEDALIA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation HOLDON, MO.
18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA
19. (a) 8/3/45 (Date received local registrar) (b) Emma Berger (Registrar's signature)

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

23. Signature A. L. Walter (M. D. or other) MD
Address 124 W. S. Sedalia Mo Date signed 8-2-45

1022

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-45

**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 L. E. Bowlelin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.**