

Registration District No. 105 Primary Registration District No. 5419

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural Dunklin
(c) Name of hospital or institution: Freeborn
(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 MO (b) County Dunklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MINNIE HAMM

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hansy Hamm 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 5 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 8 hr. _____ min.

9. Birthplace RANDOLPH COUNTY, ARK.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant DELMA NASH

(b) Address CLARKTON MO. Rt. 1

17. (a) Burial (b) Date thereof Jan. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STANFIELD C.E.M.

18. (a) Signature of funeral director A. C. Goss

(b) Address Clarkton MO

19. (a) 1-26-46 (b) Frieda Key
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1946 hour 1:30 minute AM

21. I hereby certify that I attended the deceased from Jan 6th
1946, to Jan 13, 1946
that I last saw her alive on Jan 6th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcers on my 1st & 2nd colon

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 A. T. Dempsey (M. D. or other) MD
Address Peruville MO Date signed 1-14-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

35
0
0

546

RECEIVED

District Health Office No. 2,

District File Number 246-156

Date Filed 2-5-46

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.....

Licensed Embalmer No.....

P. O. 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, above space should be left blank.