

S. No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17583
Registrar's No. 21

FILED JUN 10 1946

Registration District No. 247

Primary Registration District No. 5-900

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural—Braggadocio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days

3. (a) PRINT FULL NAME Patricia Mae Hamman

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 Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 28 1946
(Month) (Day) (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day _____ hr. 30 min.

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

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER
12. Name Elzie W. Hamman
18. Birthplace Walnut Ridge Ark
(City, town, or county) (State or foreign country)
14. Maiden name Walter Mae Stegall
15. Birthplace Braggadocio Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elzie W. Hamman
(b) Address State, Mo Bk # 2
17. (a) Burial (b) Date thereof 4-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wald Cemetery

18. (a) Signature of funeral director W. B. Sherman
(b) Address State, Mo
19. (a) 5-18-46 (b) Charles Kelley
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Braggadocio 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946, hour 7 (seven) minute 20 p. M.

21. I hereby certify that I attended the deceased from April 28, 6:50 AM, 1946 to April 28, 7:20 AM, 1946; that I last saw her alive on April 28 (7:20 AM), 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia or asphyxiation (Congenital)
Duration 30 to 40 minutes

Due to Premature or early separation of placenta just preceding birth.

Due to No apparent injury to mother or other cause for above.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15
Of autopsy _____
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. F. B. Farnsworth (M. D. or other) DO.
Address Braggadocio, Mo Date signed 4-28-46

3103

(Licensed Embalmer's Statement on Reverse Side)

5-46-120

7

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.....

Not Embalmed....., 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.