S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24457

FILED JUL 29 1946

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Jail 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Kansas~~ Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 314 E. Thompson St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ollie Joseph Hamersky

3. (b) If veteran, name war World War # 1

3. (c) Social Security No.

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Veronica Hamersky

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 4, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	11	11	hr. min.

9. Birthplace Garden Plain Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Anthony Hamersky
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabell Doel
15. Birthplace Michigan 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Veronica Hamersky
(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 7-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo

19. (a) 7-20-46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from not attended, 19 , to , 19 ;
that I last saw him alive on not seen, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulation	
Due to Suicide	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1640	
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) Suicide

(b) Date of occurrence July 15th 1946

(c) Where did injury occur? Maryville Nodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public — County Jail
(Specify type of place)

While at work? no (e) Means of injury

23. Signature L E Dean - Coroner (M. D. or other) MD
Address Maryville Mo Date signed 7-16-46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1945

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 W. L. Gee

Licensed Embalmer No. 2539

P. O. Address: Maryville, 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.