

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
STANDARD CERTIFICATE OF DEATH

26461

State File No. _____

Registrar's No. 271

FILED SEP 6 1946

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution:
State Hospital no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 5 mo 27 days
(Specify whether years, months or days) 22 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Call 14

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

(d) Street No. 1115 1/2 Dentline St 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE B HAMMERS

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 7 1923
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1946 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 11 1946 to July 4 1946 that I last saw him alive on Aug 30 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

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

10. Usual occupation Laborer

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

Major findings: _____

Of operations 12/2

Of autopsy _____

11. Industry or business _____

12. Name Benjamin Lammers

13. Birthplace Missouri (State or foreign country)

14. Maiden name Nettie Hartman

15. Birthplace Missouri (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Records

(b) Address State Hospital no 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

18. (a) Signature of funeral director Glenn Y. Hanson

(b) Address 712 Court St. Fulton, Mo

19. (a) Aug 6-46 (Date received local registrar) (b) Josie M. Moore (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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature A. E. Shure (M. D. or other) M.D.

Address Fulton Mo Date signed 8/14/46

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

25207

RECEIVED
District Health Officer No. 9,
District File Number 9-4-30
Date Filed 9-7-46

SEP 17 1946

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.....

Harold M. Douglas, Registered Apprentice No. 410,
working under my personal supervision.

Signed Glen G. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.