

S. No. 2
M-2-43
7. 5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31253**

FILED SEP 25 1946

Registration District No. **316**

Primary Registration District No. **60-72**

Registrar's No. **285**

1. PLACE OF DEATH:
 (a) County **ST. Francois**
 (b) City or town **Rural, PENDLETON TWP**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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 **ST. Francois**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **RR 1**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **James Hamm**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MO** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **0**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sept. 13 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **2** hr. _____ min.

9. Birthplace **ST. Francois Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER

12. Name **Orville Roy Hamm**
 13. Birthplace **ST. Francois MO**
(City, town, or county) (State or foreign country)
 14. Maiden name **Addie Mae Wells**
 15. Birthplace **ST. Francois MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Orville Roy Hamm**
 (b) Address **Farmington, Mo**

17. (a) **Burial** (b) Date thereof **9 14 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Knob kick, Mo**

18. (a) Signature of funeral director **Mullen Funeral Home**
 (b) Address **Farmington, Mo**
 19. (a) **9-14-46** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**
 year **1946** hour **6** minute **10 P. M.**
 21. I hereby certify that I attended the deceased from **4:30 P. M.**
9-13 19 **46** to **6:10 P. M.** **9-13**, 19 **46**
 that I last saw him alive on **9-13**, 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity (6 mos)**
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **159**
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature **F. Richard Council** (M. D. or other) **h. S.**
 Address **Farmington, Mo** Date signed **9-14-46**

289

(Licensed Embalmer's Statement on Reverse Side)

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

Health Officer No. 4
District File Number 946-265
Date Filed 9-24-46

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 not
embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed Paul Dujal
Licensed Embalmer No. 4120
P. O. Address Farmington 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.