

FILED NOV 7 1946
164

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 50 Highway 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 30 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 50 Highway 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Laura Hammond

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Thomas G Hammond 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 18 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Refus Anthony

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Solman

15. Birthplace Marshall Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas G. Hammond

(b) Address 50 Highway

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

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. H. Wilcox

(b) Address Warrensburg, Mo.

19. (a) Oct 21 1946 (b) Sarandah Cristofani
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct day 13
year 1946 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 2 1946 to Oct 13 1946
that I last saw her alive on Oct 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to Coronary occlusion

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

Major findings:
Of operations _____
Of autopsy 94A

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 W. H. Wilcox (M. D. or other) _____
Address Warrensburg Mo. Date signed 10-16-46

Duration 1 hr.
11 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1
2
2

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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. 4059

P. O. Address Holden, 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.