

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37561

State File No.

FILED DEC 16 1946

Registration District No. 72

Primary Registration District No. 5640

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville Rural - ~~same town~~
(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.....
In this community many years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri Lafayette
(a) State..... (b) County.....
(c) City or town Higginsville Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Duncan Hamer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec-11-1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 10 If less than one day
hr. min.

9. Birthplace Jerseyville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business.....

12. Name.....
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Duncan
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe Hamer
(b) Address Higginsville Mo.
17. (a) burial (b) Date thereof 11-22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Cemetery - Odessa Mo.
18. (a) Signature of funeral director Robert Taylor
(b) Address Higginsville Mo.
19. (a) Nov 25 '46 (b) Clayton H. Zandron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Feb 7
1946 to Nov 21 1946
that I last saw him alive on Nov 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
arteriosclerosis many years
Due to Chronic Nephritis ? years

Due to.....
Other condition Arteriosclerosis - acute later on may be
(Include pregnancy within 3 months of death)

Major findings: Of operations 131B
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 McKerran (M. D. or other) MD
Address Higginsville Mo. Date signed 12/21/46

(Licensed Embalmer's Statement on Reverse Side)

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

36300

154

RECEIVED

District Health Officer No. h.

District File Number.....

Date Filed 12-14-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address Higginsville 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.