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DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
**FILED FEB 10 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **1438**

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **13**

**1. PLACE OF DEATH:**

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**1019 West Maple Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) **23 Years**

In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1019 West Maple Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **THERESSA BELL HAM**

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

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Robert Elmer Ham** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **July 6, 1881**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>65</b>	<b>6</b>	<b>7</b>	hr. _____ min.

9. Birthplace **Erie, Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name **William Hicks**

13. Birthplace **No Data**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary K. Mc Intyre**

15. Birthplace **No Data**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert E. Ham**

(b) Address **Independence, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/15/47**  
(Month) (Day) (Year)

(c) Place: **Mound Grove Cemetery**

18. (a) Signature of funeral director **Robert B. Speake**

(b) Address **Independence, Missouri**

19. (a) **1-30-47** (Date received local registrar) (b) **James R. Kelly** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **January** day **13th**, year **1947** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **March 1945** to **Jan 13, 1947**  
that I last saw him alive on **6 Jan 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**

Major findings: Of operations **g3A**

Of autopsy \_\_\_\_\_

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 **El Saunders** (M. D. or other) **MS**

Address **Independence Mo.** Date signed **1-15-47**

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

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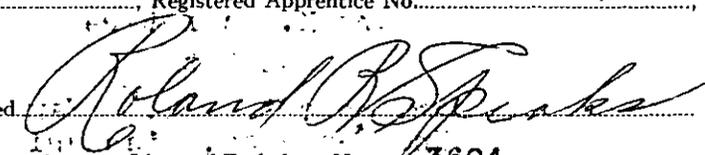
(Licensed Embalmer's Statement on Reverse Side)

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. 3604.....

P. O. Address. Independence, Missouri

**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.