

No. 2
-12-45
5-17-39
I. X47070

FILED APR 8 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1411

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Menorah Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community 37 Years
years, months or days

3. (a) PRINT FULL NAME MORRIS B. HAMMER

3. (b) If veteran, name war 0

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bessie

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: March Lithuania 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	9	hr. min.

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

10. Usual occupation Junk Dealer

11. Industry or business

MOTHER FATHER

12. Name Jacob Hammer

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

14. Maiden name Reva Richa

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

16. (a) Informant Bessie Hammer

(b) Address 3214 Woodland

17. (a) Burial (b) Date thereof Mar. 24, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cemetery

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland

19. (a) 3-26-47 (b) Theraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 5314 Woodland
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1947 hour 5 minute 5

21. I hereby certify that I attended the deceased from 3-23-47 to 3-23-47

that I last saw him alive on 3-23-47 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to metastasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 46g

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 J. P. Louis (M. D. or other) JMD

Address 1625 Olive St Date signed 3-24-47

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

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.....

Guy Buffington

Licensed Embalmer No.....

2756

P. O. Address.....

R C Keo

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.