

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

FILED APR 1 1947
Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **29**

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

1. PLACE OF DEATH:
 (a) County **Jasper.**
 (b) City or town **Webb City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home. 616 N. TOM. ST.
(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 **Jasper.**
 (c) City or town **Webb City.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **616 N. Tom St.**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Hamm.** (JOSEPH THOMAS HAMM)
 (b) If veteran, name war **None.**
 (c) Social Security No. **None.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **7.**
 year **1947** hour **12.20** P. M. minute _____ M. _____

4. Sex **M.** **5. Color or race** **W.**
6. (a) Single, widowed, married, divorced. **Widow.**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 28, 1858**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1, 47** to **Feb 7, 47**
 and that death occurred on the date and hour stated above.
 Immediate cause of death: **Diabetic Gangrene of Foot.**
 Due to: **Diabetes Mellitus.**

8. AGE: Years **88** Months **8** Days **7**
 If less than one day _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

9. Birthplace **Lortidale, Alabams.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mill Contractor, and Buil**
11. Industry or business **Lead and Zinc Mines.**

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown.**
15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

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) (City, town, or county)

16. (a) Informant **Mrs. Ollie M. Cox.**
(b) Address **616 N. Tom St. Webb City, Mo.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **3-10-1947**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Forrest Park, Joplin, Mo.**

18. (a) Signature of funeral director **R. Scher...**
(b) Address **...**
19. (a) MCH 7; 1947 (Date received local registrar) (b) **R. Scher...**
(Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
23. Signature **R. Scher...** (M. D. or other) **3/7/47**
Address **...** **Date signed** _____

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47-3-218

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.....

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

Signed *W. M. ...*
Licensed Embalmer No. *1089, OKC*
P. O. Address *Richwood, 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.