

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23364

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Ellis Fischel Cancer Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 days
(Specify whether years, months or days)

In this community 60 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Etta Hammond

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race White

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

6. (b) Name of husband or wife Ernest Hammond

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

7. Birth date of deceased: August 3 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Harwod

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

14. Maiden name Lizzie Harwod

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

16. (a) Informant Etta Hammond

(b) Address Ava, Missouri

17. (a) Removal (b) Date thereof 8-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava Mo.

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Columbia, Mo.

19. (a) 8-4-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd
year 1947 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 4, 1947 to Aug 3, 1947
that I last saw her alive on Aug 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA Right BREAST WITH Lymph Node AND Bony METASTASIS

Due to _____

Due to _____

Other conditions Pathologic Fracture LT Hip
(Include pregnancy within 3 months of death)

Major findings: 50
Of operations _____

Of autopsy CARCINOMA Right Breast WITH Lymph Node And Bony METASTASIS

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) Means of injury _____

23. Signature Chas. O. Spickhart (M. D. or other) 0
Address Ellis Fischel Cancer Hosp. Date signed 8/3/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 13 1947

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..... *Tom McHarg*

Licensed Embalmer No. *7567*

P. O. Address *Columbia 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.