

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25106**
Registrar's No. **78**

Registration District No. **297** Primary Registration District No. **3057**

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
119 North Institute St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 years (Specify whether years, months or days)

In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 119 North Institute St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM GUSTAVE HAMANN

3. (b) If veteran, name war none

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Curtis Hamann

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 22, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation Grocer

11. Industry or business Grocery store

MOTHER FATHER

12. Name F. W. G. Hamann

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

14. Maiden name Maggie Sipka

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

16. (a) Informant Curtis Hamann

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof July 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

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

(b) Address Richmond, Missouri

19. (a) July 24-1947 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1947 hour 12:45 minutes A. M.

21. I hereby certify that I attended the deceased from July 22-1947
July 23 1947
that I last saw him alive on July 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
arterio-sclerosis

Due to _____

Due to _____

Other conditions 63D
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 E. B. Fry (M. D. or other) MA

Address Richmond Date signed 7-24-47

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

89

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-13-47

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

Signed *W. M. ...*.....

Licensed Embalmer No. 2073.....

P. O. Address Richmond, 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.