

FILED SEP 16 1947

Registration District No. 199

Primary Registration District No. 1002

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:  
5633 East 30th Terrace /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution .....  
(Specify whether  
 In this community 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5633 East 30th Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME ELIZABETH F HAMMOND

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Lee R. Hammond Deceased 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased November 2 1887  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>59</u> | <u>10</u> | <u>23</u> | hr. min.             |

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

10. Usual occupation Home

11. Industry or business X

12. Name Thomas Lucas 9

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

14. Maiden name Lucy Jones  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Hammond

(b) Address 5633 E. 30th Terrace

17. (a) Burial (b) Date thereof Sept 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton, Missouri

19. (a) 9-6-47 Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day Friday 5<sup>th</sup>  
 year 1947 hour 4:05 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4 Aug 1947  
 to 5 Sept. 1947

that I last saw her alive on Thursday 4 Sept. 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 30 days  
and  
St. lobe lobar pneumonia 6 days

Due to Carcinoma of duodenum 8 months

Due to .....

Other conditions 460  
(Include pregnancy within 3 months of death)

Major findings: Malignant infiltration  
 Of operations of omentum  
 Of autopsy carcinomatous invasion  
of duodenum, colon, small int.

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? 2  
(Specify type of place) (e) Means of injury

23. Signature More E. Smith (M. D. or other) D.O.  
 Address 6211 Swape Pkwy Date signed 5 Sept 47

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

SEP 19 1970

**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 Chas. P. Wilkins  
Licensed Embalmer No. 2644  
P. O. Address R.L.M.O.

**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.**