

FILED NOV 10 1947

Registration District No. 18

Primary Registration District No. 5701

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community driving thru
years, months or days

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Mo. (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Buchanan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Golda See Hammill
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 6th year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from after death
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced in
6. (b) Name of husband or wife Dan Hammill 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased (Month) 2 (Day) 14 (Year) 1893

Immediate cause of death Blind sign Burn
car in which she was
Due to sliding west off pavement and hitting gas pump
Due to fire following accident

8. AGE: Years 54 Months 7 Days 22 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
1702
1947

9. Birthplace Hazleton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Fitzsimmons
13. Birthplace Colo. (City, town, or county) (State or foreign country)
14. Maiden name Winnie McKean
15. Birthplace Douglas (City, town, or county) (State or foreign country)

16. (a) Informant Wesley Hammill
(b) Address Carson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Green City Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 59
(b) Date of occurrence 10/6/1947
(c) Where did injury occur? Rural Linn Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? off pavement on Highway
While at work? no (Specify type of place) (e) Means of injury Car 2
23. Signature Lee Webb - Linn Co (M. D. or other)
Address Chillicothe Mo Date signed 10/6/47

18. (a) Signature of funeral director Glen A. Doolan
(b) Address Green City Mo.
19. (a) Oct 6, 1947 (Date received local registrar) (b) Kathleen Potts (Registrar's signature) 192

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Archibald Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.