

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38173
4912
Registrar's No. _____

FILED DEC 9 1947 149
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour 0
(Specify whether _____)

In this community 1 hour
years, months or days

3. (a) PRINT FULL NAME Joseph Sydney Hammer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nancy May Smith

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

7. Birth date of deceased: July 10 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 4 14 hr. min.

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

10. Usual occupation Miner

11. Industry or business Coal

12. Name Joseph Hammer

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

14. Maiden name Sarah Dickwell

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

16. (a) Informant Chester Hammer

(b) Address 616 Olive St. Kansas City Mo.

17. (a) Removal (b) Date thereof Nov. 24, 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) 11-24-47 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Henrietta 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 6 1947 to Nov. 24 1947
that I last saw him alive on Nov. 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 10 MIN

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

gla

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 gla

23. Signature Heber Nilsen, D.O. (M, D or other)

Address 2105 Independence Ave Date signed 11/24/47

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, or by.....

William L. Thurman....., Registered Apprentice No. *65*.....

working under my personal supervision.

Signed.....
William L. Thurman

Licensed Embalmer No. *2023*.....

P. O. Address. *Richmond, Va.*.....

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.