

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

40928

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1537

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
512 Richardson, St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Over 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 512 Richardson 7  
(If rural, give location)  
(e) Citizen of foreign country? ~~Yes~~ NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nick Hamm

3. (b) If veteran, name war No 3. (c) Social Security No. 500-07-5332

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Alice 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 9, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 6 20 hr. min.

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

10. Usual occupation Cement Worker

11. Industry or business \_\_\_\_\_

12. Name John Hamm

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

14. Maiden name Sarah Owens

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

16. (a) Informant Robert F. Hamm

(b) Address Robert Hamm-1116 Sixth Ave.

17. (a) burial (b) Date thereof 12-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

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

(b) Address St. Joseph Mo

19. (a) 1-2-48 (b) St. Joseph Mo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1947 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Dec 29, 1947 to Dec 29, 1947  
that I last saw him alive on Dec 29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia  
Due to Exposure

Due to Chronic Bronchitis  
Other conditions: 4 y. old  
(Include pregnancy within 3 months of death)

Major findings: 108  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 G. H. Seibert (M. D. or ~~MD~~)  
Address 1935 Osceola Date signed 12-30-47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

Dr  
Raymond  
1923 Massouie

JAN 6 1949

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.....

*Charles M. Harman*..... Registered Apprentice No. *450*

working under my personal supervision.

Signed.....

*John Roy Stoney*

Licensed Embalmer No. *2435*

P. O. Address. *H. Joseph*

**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.