

FILED JAN 7 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 441

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 27 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Pike 14

(c) City or town Bowling Green 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME ANDREW JACKSON HAMMETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1947 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 20
1947 to Dec 21 1947
that I last saw him alive on Dec 20 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased: July 5 1867
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

8. AGE: Years 82 Months 5 Days 18
If less than one day hr. _____ min. _____

Other conditions Organism left for
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation DK

11. Industry or business _____

12. Name DK 9

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

14. Maiden name DK 9

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

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? _____

16. (a) Informant Records State Hospital

(b) Address Phillips

17. (a) Removal (b) Date thereof 12-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green, Mo

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

(b) Address 776th St. Phillips, Missouri

19. (a) 12-21-1947 (b) Joice Morosukoff
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place)

(2) Means of injury _____

23. Signature DK 9
(M. D. or other)

Address Phillips

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

4
1
2

MOTHER FATHER

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

District Health Officer No. 9,

RECEIVED

Date Filed 1/5/48
District File Number

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 Wenzil O. Brown

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.