No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948
Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8722
Registrar's No. 1110

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: St. Josephs Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 weeks (Specify whether years, months or days)
In this community: 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Johnson
(c) City or town: Merriam (If outside city or town limits, write "RURAL")
(d) Street No.: 5240 Cunningham Rd. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. ANNIE SWEET HAMMER
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Orville Hammer
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Aug. 18, 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	6	22	hr. min.

9. Birthplace: Lone Tree, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Henry Clay Evans
13. Birthplace: unknown, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Frances McQueen
15. Birthplace: Frankfort, Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Orville Hammer
(b) Address: 5240 Cunningham, Merriam, Ks.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/12/48 (Month) (Day) (Year)
(c) Place of burial or cremation: Brooking Cemetery
18. (a) Signature of funeral director: George E. Parson
(b) Address: Independence, Mo.
19. (a) 3-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 22 Feb. 48, 1948, to 10 Mar 1948, that I last saw h. alive on 9 Mar 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Bilateral Nephro-Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pleural Effusion	

Major findings:
Of operations: 131.0
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. Hillman MD (M. D. or other)
Address: 1216 Professional Bldg. Date signed: 11 Mar 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Tom D. Marbland, Registered Apprentice No. 40, working under my personal supervision.

Signed R. L. Lake

Licensed Embalmer No. 428

P. O. Address Independence, 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.