S. 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 MAY 12 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 12158

Primary Registration District No. 2000

Registrar's No. 372

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1201 S. Florence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community ✓ 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 S. Florence
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Albert Clarence Hammond
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Margant
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased November (Month) 30 (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Oakfield (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Retired Salesman
FATHER
12. Name James Q. Hammond
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Roney
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Marie Kelly
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director J.W.Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 5/4/48 (Date received local registrar) (b) W.E. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 20, 1947 to May 2, 1948 that I last saw him alive on May 2, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary occlusion | Sudden |
| Due to Coronary sclerosis | 2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Postapplectic hemiplegia 8 yrs; Diabetes Mellitus 5 yrs | |

Major findings:
Of operations .....
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 Hyde B. Abbott (M. D. or other)
Address 219 E Walnut Date signed 5/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Mal Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

**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.**