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

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 16086

FILED JUN 8 1948

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WRIGHT HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Rural Jackson Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Laredo, R.F.D. #1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSA R. HAMMONS
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE HAMMONS
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug (Month) 15 (Day) 1879 (Year)

8. AGE: Years 67 Months 9 Days 16 If less than one day — hr. — min.

9. Birthplace Grundy Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name James K. Thapp
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Susan Martin
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant B. C. Hammons
(b) Address Trenton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Spubard
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton, Mo
19. (a) 6-1-48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 7:40 minute P.M.

21. I hereby certify that I attended the deceased from April 12th 1948 to May 31st 1948 that I last saw her alive on May 31st 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Embolus to Brain a few seconds
Due to Leg injury on April 12th 1948
Due to a fall
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) accident a fall
(b) Date of occurrence April 6th 1948 40
(c) Where did injury occur? Grundy Co. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm Home (Specify type of place)
While at work? Yes (e) Means of injury a fall
23. Signature [illegible] (M.D. or other) M.D.
Address Trenton Mo. Date signed June 1st 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.