

FILED JUN 12 1948
Registration District No. **3028**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County..... **Jasper**

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

(c) Name of hospital or institution: **1028/Clinton St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **No**
(Specify whether)

In this community..... **48 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Jasper**

(c) City or town..... **Carthage**
(If outside city or town limits, write "RURAL")

(d) Street No..... **1028 Clinton St.**
(If rural, give location)

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

If yes, name country..... **None**

3. (a) PRINT FULL NAME..... **Nancy Jane HAMMON**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **No**

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **R. W. Hammon**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **November 14, 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	1hr.min

9. Birthplace..... **Arrow Rock, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business..... **None**

12. Name..... **John J. Mann**

13. Birthplace..... **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Martha Jane Noland**

15. Birthplace..... **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. G. H. Brown**

(b) Address..... **1028 Clinton Carthage, Mo.**

17. (a) **Burial** (b) Date thereof..... **5-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Paradise Cemetery**

18. (a) Signature of funeral director..... **Ed. C. Ulmer**

(b) Address..... **Carthage, Mo.**

19. (a) **5-18-1948** (b) **D. B. Clinton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **15th.**
year..... **1948** hour..... **3:12** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **May 13**
..... 19**48** to..... **May 15** 19**48**
that I last saw h.....er alive on..... **May 13** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chor. myocarditis** years

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **9315**

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?..... Means of injury.....

Signature..... **W. E. Ford** M.D. or other)

Address..... **Carthage, Mo.** Date signed..... **5-17-48**

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 H. Hutsler Jr.
working under my personal supervision. Charles H. Hutsler Jr.

Registered Apprentice No. 24

Signed *Ed. C. Ulmer*
Ed. C. Ulmer

Licensed Embalmer No. 2222

P. O. Address Carthage, 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.