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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16828

Registration District No. 172 | Primary Registration District No. 5641 | Registrar's No. 37

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Hodge rural Dover Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/2 mi S.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Hodge rural 511
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi S. 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME JAMES LEVI HAMMOND

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Mca 0
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 4 (Day) 1866 (Year)

8. AGE: Years 82 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Jasper (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired

FATHER
12. Name Thomas F Hammond
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Hammond
(b) Address Hodge, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Waverly Mo
18. (a) Signature of funeral director Forrest F Rumpel
(b) Address Lexington Mo
19. (a) 5-26-1948 (Date received local registrar) (b) Clayton W Landrum (Registrar's signature) 154

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 24
1948 year 3 hour 30 minute A M.

21. I hereby certify that I attended the deceased from April 24, 1948, to May 21, 1948
that I last saw him alive on May 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular renal disease | Duration 1 mo +

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to 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 Jordan Kelling (M. D. ~~or other~~)
Address Kelling Clinic Waverly, Mo Date signed 5/26/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-2-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Garrett T. Gempel

Licensed Embalmer No. 13275

P. O. Address Lexington, 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.