

3000
0-47
7-39
3906

23072

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2845

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
100 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 40 years
years, months or days)

3: (a) PRINT FULL NAME Linnie L. HAMMOND
Mrs. Linnie L. HAMMOND

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles Hammond
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 14, 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 25
If less than one day hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Isalah Austin

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

14. Maiden name Adeline

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

16. (a) Informant Mrs. Daisy Shatzer

(b) Address 100 Park Ave., K. C., Mo.

17. (a) Removal (b) Date thereof 7-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Mo.

18. (a) Signature of funeral Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 7-10-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 100 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 15
1948 to July 9 1948
that I last saw her alive on July 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death hyperstatic pneumonia
Duration 78 hrs

Due to arterio-sclerosis
Senility

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 97
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Melody-McGilley-Eylar (M. D. or other) _____
Address 132 Park Ave Date signed 7/10/48

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.....

Licensed Embalmer No.....
2999
100

P. O. Address.....

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.