

No. 2
1-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30069**⁴⁴¹

FILED OCT 6 1948

Registration District No. **257**

Primary Registration District No. **5572**

Registrar's No. **176**

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co. Home, White P
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mth - 11 Da
(Specify whether years, months or days)

In this community 62 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Martin City
(If outside city or town limits, write "RURAL")

(d) Street No. Sen Del
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ISABELL HAMMOND

3. (b) If veteran, name war WW

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1948 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 9, 1948 to Sept 20, 1948
that I last saw her alive on Sept 20, 1948
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Isa Hammond

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

7. Birth date of deceased: 10 - 26 - 1863
(Month) (Day) (Year)

Immediate cause of death: Senility

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Peter Cough

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

Major findings:
Of operations _____

Of autopsy 162B

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson Co. Home Records

(b) Address RT # 4 - Indys. Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9-24-48
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Wilkes Funeral Home

(b) Address 2315 Lenwood K.C. Mo

19. (a) SEPT. 21, 1948
(Date received local registrar)

(b) Amos C. Samblon
(Registrar's signature)

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) _____

23. Signature J. H. Green (M. D. or other) _____

Address W. Springfield, Mo Date signed 9/21/48

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

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..... 2237

P. O. Address..... Lee's Summit

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.