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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40153

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5109

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs.
(Specify whether
In this community 8 hrs.
years, months or days)

3. (a) PRINT FULL NAME Barbara Jo Hamm

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 Single

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

7. Birth date of deceased Nov. 22, 1948
(Month) (Day) (Year)

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

9. Birthplace: Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

12. Name Edwin Hamm

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

14. Maiden name Mildred Simmons

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 1

17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City

18. (a) Signature of funeral director Wm. W. Hart

(b) Address City

19. (a) 12-16-48 (b) Stearling 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. 6103 Prospect
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11
22 1948 to 11-22 1948

that I last saw her alive on 11-22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Birth injury with interventricular hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 1600

Major findings:
Of operations

Of autopsy See above

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Wm. W. Hart (Specify type of place)
While at work?

23. Signature Wm. W. Hart (M. D. or other) Dr.
Address Med. Dir. Gen'l Hosp. Date signed 11-30-48

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. P. J. ...

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Am A. ...*

Licensed Embalmer No.

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.