

FILED JAN 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2384

BIRTH NO. 12448-58190 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural St. Francois	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) near Farmington	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Robert Lee Hammers	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH 1-8-49	(Month)	(Day)	(Year)
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept 3, 1948	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 5	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington, Mo. rt. 1	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Marion E. Hammers	13b. MOTHER'S MAIDEN NAME DAISY A. CLANIN	14. NAME OF HUSBAND OR WIFE ----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Lee Hammers	ADDRESS Farmington rt. 1
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 7, 1949** to **Jan 8, 1949**, that I last saw the deceased alive on **Jan 8, 1949**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. M. Stauffer, D.D.	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 1/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE, 1-10-49	24c. NAME OF CEMETERY OR CREMATORY K. of P. of Farmington	24d. LOCATION (City, town, or county) (State) Missouri
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DATE REC'D BY LOCAL REG. 1-11-1949	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean	ADDRESS Farmington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Sanitary Health Officer No. 4
License File Number 149-107
Date Filed 1-17-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

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.