

No. 300
10.48

FILED OCT 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 30763

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BIRTH NO. 50018-49 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2115 Murphy	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns			

3. NAME OF DECEASED a. (First) Jeffrey b. (Middle) Richard c. (Last) Hammer			4. DATE OF DEATH (Month) (Day) (Year) Sept 10 1949		
5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Aug 15 1949		9. AGE (In years last birthday) 25		10. IF UNDER 1 YEAR: Months Days Hours Mins. - - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Joplin, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Richard Hammer		13b. MOTHER'S MAIDEN NAME Norma Rockhold		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Richard Hammer 2115 Murphy	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Polycystic Kidney			INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity			7571	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 Aug 15, 1949, to Sept 10, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Glenn H. ...</i>		23b. ADDRESS <i>Irma ...</i>		23c. DATE SIGNED 9-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/2/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
				24d. LOCATION (City, town, or county) (State) Webb City, Mo.	

DATE REC'D BY LOCAL REG. 9-10-49		REGISTRAR'S SIGNATURE <i>Ed ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Normell ...</i>	
				ADDRESS <i>Joplin, Mo.</i>	

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

RECEIVED 9-26-49

Jasper County Health Office

County File Number 49-9-751

Date Filed 9-29-49

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 _____

Jesse Phillips

Licensed Embalmer No. 4646

P. O. Address Jasper 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.