

FILED DEC 9 - 1957

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 127

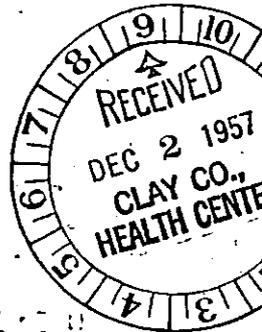
1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smithville, Mo.</b>		c. CITY OR TOWN <b>Platte City, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Smithville Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>Ham</b> Last <b>Ham</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>21</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 6, 1875</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ticket Clerk</b>		9b. AGE (In years last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ticket Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island RR</b>	
11. BIRTHPLACE (City and state or country) <b>Wallace, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Calvin Ham</b>		14. MOTHER'S MAIDEN NAME <b>Helena Dunlap</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>708-14-1453</b>	
17. INFORMANT <b>Mrs. Susie Ham</b>		Address <b>Platte City, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral Basilar pneumonia</b> <b>Generalized AS &amp; ASH</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a. m. . p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1947</b> to <b>11/21/57</b> and last saw her/him alive on <b>11/21/57</b> . Death occurred at <b>17</b> <b>Wagon</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Ham</b> (Degree of title)		22b. ADDRESS <b>Platte City, Mo.</b>	
22c. DATE SIGNED <b>11/22/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 21, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Platte City, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Platte City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Rollins &amp; Mitchell</b>		25. DATE RECD. BY LOCAL REG. <b>11-24-57</b>	
ADDRESS <b>Platte City Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 19 1958

DEC 30 1957



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 ..... Signature of Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 472  
P. O. Address Platte City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.