

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35082

Registration District No. 347

Primary Registration District No. 550

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Jessville Twp
(c) Name of hospital or institution 10 mi. E of Clinton
(d) Length of stay: In hospital or institution 4 mo 1
In this community 4 mo 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Rural
(d) Street No. 10 Mi. E of Clinton
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Rachel C Hammeng
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 2 year 1941 hour 2 minute 40 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Samuel Hammond 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 15 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1941 to Nov 1941; that I last saw her alive on Sept 30 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death General debilitation, Coriary
Due to Kidney disease acute nephritis
Due to _____

9. Birthplace Clinton Mo (City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

PHYSICIAN
Major findings: Of operations H69
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Wm Young
13. Birthplace Unknown
14. Maiden name Elizabeth Young
15. Birthplace Unknown

22. If death was due to external causes, fill in the following:

16. (a) Informant Sam Hammond
(b) Address 5804 E 31st Kansas City Mo
17. (a) Burial (b) Date thereof 11 2 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Congregwood cem
18. (a) Signature of funeral director Paul Wilkinson
(b) Address Clinton Mo
19. (a) Nov 4 - 41 (b) J. R. Hampton
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Sus J. Hampton D. or other _____
Address Clinton Mo Date signed Nov 4 1941

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1927

Date Filed 11-24-41

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.....

Fred W. McKesson

Licensed Embalmer No. 247

P. O. Address Clinton, 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.