

No. 2  
-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2292  
Registrar's No. 28

FILED FEB 9 1945  
Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution all life (Specify whether)  
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Henry 42  
(c) City or town Clinton mo (If outside city or town limits, write "RURAL")  
(d) Street No. E Augusta Ave 2 (If rural, give location)  
(e) Citizen of foreign country? U (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME LEE RAHL HAMMOND  
3. (b) If veteran, name war:  
3. (c) Social Security No. 00 494-16-38

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 25 year 1945 hour 5:15 minute P.M.  
21. I hereby certify that I attended the deceased from Jan 25 1945 to Jan 25 1945  
that I last saw him alive on Jan 25 1945 and that death occurred on the date and hour stated above.

4. Sex Om 5. Color or race W 6. (a) Single, widowed, married, divorced mar  
6. (b) Name of husband or wife Elisabeth 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Dec 4 1884 (Month) (Day) (Year)

Immediate cause of death, infection & inflammation of cavernous sinuses of brain Duration  
Due to brain

8. AGE: Years 60 Months 1 Days 21 If less than one day hr. min.

Due to Phlebitis, generalized

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation con. st.

Major findings: Of operations h Of autopsy 10 Underline the cause to which death should be charged statistically.

11. Industry or business Plaster & Bricklayer

12. Name John L Hammond

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

14. Maiden name Alma Haas

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Tom Hammond (b) Address Clinton mo

17. (a) Buried (b) Date thereof 1-28-45 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Englewood Christus & Beck (b) Address Clinton mo

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

19. (a) January 27 1945 (b) Georgia Kitchen (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury  
23. Signature Gene S. [unclear] (M.D. or other) DO Address Clinton mo Date signed Jan 27 45

114  
1-45-57  
2-8-57

**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 J. E. Consalvo  
Licensed Embalmer No. 1891  
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.**