

FILED JAN 17 1945  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 13

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1118 EAST-12TH STREET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 20 YEARS 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 1118 EAST-12TH STREET  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MRS. LAURA JUANITA HAM

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2<sup>ND</sup> year 1945 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from 12-29 1944 to 1-2 1945 that I last saw her alive on 1-2 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. HARRY HAM 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased NOVEMBER 26 - 1881  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 5 days

Due to Arteriosclerotic Hypertensive disease

Due to Rheumatoid arthritis

Other conditions (Include pregnancy within 3 months of death) 1

8. AGE: Years 63 Months 1 Days 6 If less than one day hr. min.

9. Birthplace CASSVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Major findings: Of operations 1

Of autopsy 1

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name MATT HARBIN

13. Birthplace BERRY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name BELLE THOMAS

15. Birthplace BERRY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HAZEL SMITH

(b) Address 1118 EAST-12TH STREET

17. (a) REMOVAL (b) Date thereof JAN 3 1945  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation FAIRVIEW CEMETERY JOPLIN MISSOURI

18. (a) Signature of funeral director D. W. Neuman

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-3-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e). Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Jackson City, Mo. Date signed 1-2-45

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

Memorial Hospital

**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 *E. Oscar Thorpe*  
Licensed Embalmer No. 1767  
P. O. Address Kansas City

**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.**