

FILED JUN 14 1945

Primary Registration District No. 5380

Registrar's No. 27

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Stewartsville - Rural
(If outside city or town limits, write "RURAL" and name of locality)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution: _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

(c) City or town Stewartsville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Mable Luella Hamann

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1945 hour 9 minute 20 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Charles C. Hamann 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 16 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 1934 to May 5 1945 that I last saw her alive on May 5 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 9 19 9 hr. 20 a.m.

Immediate cause of death: Coronary artery disease

Due to: _____

Due to: _____

9. Birthplace Stewartsville Missouri
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations: _____

Of autopsy: _____

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER

12. Name James T. Wood

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hester L. Kinnaman

15. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Freeman E. Hamann

(b) Address Stewartsville, Mo.

17. (a) Burial (b) Date thereof May 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville, 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? _____

18. (a) Signature of funeral director H. H. Lyon

(b) Address Stewartsville, Mo.

19. (a) May 7 1945 (b) John Clarke
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature M. S. Galt (M. D. or Pharm.)

Address O. S. Home Date signed 5/4/45

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

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0
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RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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. G. Brown
Licensed Embalmer No. 952
P. O. Address Stewartsville 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.