

FILED OCT 4 1945  
Registration District No. 179

Primary Registration District No. 5668-4288

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Moscow Mills Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community In This Community  
years, months or days 77 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57  
(c) City or town Moscow Mills Mo. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANN ELIZABETH HAMMER

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Wm. Hammer 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 23 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Wm. C. Clark

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

14. Maiden name Virginia Lester

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

16. (a) Informant Wm. Hammer

(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof Sept 2 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Hill Cem

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Troy Mo.

19. (a) Sept 4th 45 (b) Miss Emma B. Riddle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 4, 1945 to August 31, 1945 that I last saw him alive on August 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis followed by embolism on left arm Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 93d

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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) (c) Means of injury \_\_\_\_\_

23. Signature Dr. J. J. Shvato (M. D. number) \_\_\_\_\_  
Address Winfield, Mo. Date signed 9/1/45

1766

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

NOV 1

1956

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..... *Wayne Mc Coy*  
Licensed Embalmer No. *3586*  
P. O. Address..... *Troy 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.