

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

Registration District No. 316

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

State File No. 35424

Registrar's No. 368

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 404 N. Allen  
(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 St. Francois

(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No. 404 N. Allen  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PHILLEANDER HAMMACK

3. (b) If veteran, name war World War I

3. (c) Social Security No. 799-05-1705

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28<sup>th</sup>  
year 1947 hour 4 minute 30 P. M.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Myrtle Hammack

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept 9 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at times  
for past several years 19\_\_\_\_; that I last saw him alive on Oct 27, 1947 and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>1</u>	<u>19</u>	hr. _____ min.

Immediate cause of death cerebral hemorrhage  
profound

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

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

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

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

10. Usual occupation Welder

Major findings: 83 A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

11. Industry or business St. Joseph Lead Co.

12. Name Jeff. Hammack

13. Birthplace Madison Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Riddle

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

16. (a) Informant Myrtle Hammack

(b) Address 404 N. Allen St.

17. (a) Burial (b) Date thereof Nov 1 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Missouri

18. (a) Signature of funeral director Bonham

(b) Address 313 Bonham Bonne Terre Mo.

19. (a) 10-5-47 (b) Ether Riddle  
(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) Years of injury \_\_\_\_\_

23. Signatur B. Hammack (M. D. or other) D. D.

Address Bonne Terre Mo. Date signed 10/30/47

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

File Number 1147-142

Date Filed 11-10-47

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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 \_\_\_\_\_

Licensed Embalmer No. 3706

P. O. Address Some Jew 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.