

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

24720

FILED AUG 18 1946

State File No. \_\_\_\_\_

Registration District No. 378

Primary Registration District No. 3059

Registrar's No. 237

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:  
BONNE TERRE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Hr.  
(Specify whether  
In this community 20 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS  
(c) City or town LEAD WOOD  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROSCOE CLAUDE HAMMOND

3. (b) If veteran, name war NO 3. (c) Social Security No. 493-05-0095

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

6. (b) Name of husband or wife ALMA HAMMOND 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased AVG. 2 1905  
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace SLIGO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business ST. JOSEPH LEAD CO

12. Name THOMAS HENRY HAMMOND

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

14. Maiden name JUDA ALICE WATSON

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

16. (a) Informant ALMA HAMMOND

(b) Address LEAD WOOD MO

17. (a) BURIAL (b) Date thereof JULY 19 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK VIEW

18. (a) Signature of funeral director J. S. BOYERSON

(b) Address LEAD WOOD MO

19. (a) 7-24-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 16  
year 1946 hour 4 PM minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from JULY 15  
1946 to JULY 16 1946  
that I last saw him alive on JULY 16 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 24 hrs.

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

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

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

Major findings:  
Of operations \_\_\_\_\_

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

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) (e) Means of injury \_\_\_\_\_

23. Signature J. L. Foster (M.D. or other) \_\_\_\_\_

Address Leadwood Mo Date signed 7-18-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 846-24

Date Filed 8-9-46

**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: Bert L. W. Boyer

Licensed Embalmer No. 3448

P.O. Address Leadwood 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.