

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY **ST. FRANCOIS**
b. CITY (If outside corporate limits, write RURAL and give town) **BONNE TERRE**
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **BONNE TERRE HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **ST. FRANCOIS**
c. CITY (If outside corporate limits, write RURAL and give township) **RURAL MARION TWP.**
d. STREET ADDRESS (If rural, give location) **R.I. BONNE TERRE**

3. NAME OF DECEASED
a. (First) **ELLA** b. (Middle) **MAY** c. (Last) **HAMMACK**
4. DATE OF DEATH (Month) (Day) (Year) **JULY 21 1950**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **JULY 18 1890** 9. AGE (In years last birthday) **60** 10. 03 11. BIRTHPLACE (State or foreign country) **VINELAND Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSE WORK** 10b. KIND OF BUSINESS OR INDUSTRY **✓** 11. BIRTHPLACE (State or foreign country) **VINELAND Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **WILLIAM A. CARTER** 13b. MOTHER'S MAIDEN NAME **SUSAN M. GARMAN** 14. NAME OF HUSBAND OR WIFE **JEPANTHAH F. HAMMACK**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **NO NONE** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **LON HAMMACK** ADDRESS **BONNE TERRE Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive cardiovascular disease.** ?
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **June 25, 1949**, to **July 20, 1950**, that I last saw the deceased alive on **July 20, 1950** and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Daniel P. Tucker, M.D.** 23b. ADDRESS **5 E Main St. Bonne Terre, Mo** 23c. DATE SIGNED **7-22-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JULY 23 1950** 24c. NAME OF CEMETERY OR CREMATORY **ST. FRANCOIS MEMO. PK** 24d. LOCATION (City, town, or county) (State) **BONNE TERRE Mo**

DATE REC'D BY LOCAL REG. **July 24, 1950** REGISTRAR'S SIGNATURE **Ether Rudolph** 25. FUNERAL DIRECTOR'S SIGNATURE **Bertram Under** ADDRESS **Bonne Terre Mo**

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

1941

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Clarence J. Hayward*.....

Licensed Embalmer No. *3796*.....

P. O. Address *Corneville, Me*.....

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.