

FILED APR 9 1945

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(c) Name of hospital or institution 611 Isley  
(d) Length of stay: In hospital or institution 73 Years 28 days  
In this community 73 Years 28 days

3. (a) PRINT FULL NAME ROBERT L. HAMNER

3. (b) If veteran, name war #### 3. (c) Social Security No. ####

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

6. (b) Name of husband or wife Nola Hamner 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb 22 1872

8. AGE: Years 73 Months 0 Days 28 If less than one day hr. ## min.

9. Birthplace Ray County Missouri

10. Usual occupation Grocery Business (Retired)

11. Industry or business

12. Name Joseph Hamner

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Mr W. J. Hamner

(b) Address Kansas City Missouri

17. (a) Burial (b) Date thereof Mar-22-45

(c) Place: burial or cremation Pisgah Cemetery

18. (a) Signature of funeral director Hubert Hope  
(b) Address Excelsior Springs Missouri  
19. (a) 3-22-45 (b) Mrs Lude Reaman

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs  
(d) Street No. 611 Isley  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country #####

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1945 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Coroner's Case that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to History

Other conditions 93d

Major findings: Coronary Case

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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?

23. Signature John W. Martin (Coroner)  
Address North Kansas City Mo Date signed 3/29/45

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

**RECEIVED**

District Health Officer No. 8,

District File Number

Date Filed

8/6/42

**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.....

*James A. Moles*

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.**