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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7438

Registration District No. 1102 Primary Registration District No. 5870 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Bragg City Rural Order
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscott
(c) City or town Bragg City
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Washington Hamontree
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Belle Hamontree
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Feb (Month) 9 (Day) 1868 (Year)

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

9. Birthplace Dont Know (City, town, or county) 1 Ga (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Nelson Hamontree
13. Birthplace Dont Know (City, town, or county) 1 Ga (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Belle Hamontree
(b) Address Bragg City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Linkland Co
18. (a) Signature of funeral director Kennett Mo
(b) Address
19. (a) Feb 27-42 (Date received local registrar) (b) Mrs T. R. Coll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26 year 1942 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from 1-24- 1942 to 1-26- 1942 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to 28d
Due to
Other conditions Chronic Malaria
(Include pregnancy within 3 months of death)
Cirrhosis of liver Hyper
Major findings: Myocarditis
Of operations
Of autopsy

Duration

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? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature F. G. Bond M.D. (M. D. or other)
Address Hayti, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

3-42-24

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

H. P. Gooch, Registered Apprentice No.

working under my personal supervision.

Signed H. P. Gooch

Licensed Embalmer No. 4106

P. O. Address Sinaloa 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.