

FILED FEB 1 1944

Registration District No. **59**

Primary Registration District No. **5227**

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

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural Peculiar**
(c) Name of hospital or institution:
(If not in hospital or institution, write street name and location)
(d) Length of stay: **In hospital or institution at home**
In this community **46 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
(c) City or town **Rural**
(d) Street No. **7 mi N.W. of Harrisonville**
(e) Citizen of foreign country? **No**

3. (a) PRIOR FULL NAME **Raymond Dale Hammontree**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **Jan** day **26** year **1944** hour **10** minute **15** A.M.

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married. **divorced m**

21. I hereby certify that I attended the deceased from **Jan 25** to **Jan 26**, 1944, that I last saw him alive on **Jan 26**, 1944, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Doris Miller** 6. (c) Age of husband or wife if alive **41** years

Immediate cause of death **Cerebral Hemorrhage**

7. Birth date of deceased: **Jan 30 1897**

8. AGE: Years **46** Months **11** Days **26** If less than one day _____ hr. _____ min.

Due to **Arterial Hypertension**

9. Birthplace **Harrisonville Mo**

Due to _____

10. Usual occupation **Farmer**

Other conditions **JZa!**

11. Industry or business **John F. Hammontree**

Major findings: Of operations _____

12. Name **MO**

Of autopsy _____

13. Birthplace **Cora B. Barnard**

14. Maiden name **MO**

15. Birthplace _____

16. (a) Informant **Mrs Doris Hammontree**

(b) Address **Peculiar Mo**

17. (a) **Burial** (b) Date thereof **1/30/44**

(c) Place: burial or cremation **Pleasant Ridge**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **J. S. Tribble M.D.** Address **Harrisonville, Mo.** Date signed **1/27/44**

FEB 9 1944

FEB 7 1944

MAR 4 1959

SEP 6 1945

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 *personally*
....., Registered Apprentice No.
working under my personal supervision.

Signed *Floyd Atkinson*
Licensed Embalmer No. *3920*
P. O. Address *Harrisonville*

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.