. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Bowman 25312
State File No.

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 75

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE MEMORIAL Hospital
(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 MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GERTHA PEARL HAMMONS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RALPH HAMMONS
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased JUNE (Month) 14 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
38	0	14	hr. min.

9. Birthplace CARROLL Co. (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name JAMES H. Phillips
13. Birthplace CARROLL Co. (City, town, or county) ARKANSAS (State or foreign country)
MOTHER
14. Maiden name AREY SWEETTEN
15. Birthplace (City, town, or county) TEXAS (State or foreign country)
16. (a) Informant Ralph Hammons
(b) Address Neosho Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Dean Cemetery
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo
19. (a) 7-9-1944 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 4 minute a.m.
21. I hereby certify that I attended the deceased from June 25th 1944 to June 28 1944 that I last saw her alive on June 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following Miscarriage 5 months pregnant
Due to Miscarriage
Due to
Other conditions pos. retained placenta
(Include pregnancy within 3 months of death)
Major findings:
Of operations was curretted in home about 1 week before being brought to hospital
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 Melvin C. Bowman (M. D. or other) MD
Address Neosho, Mo Date signed 7-7-44

1110 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED July 20

District Health Officer No.

District File Number 244-148

Date Filed July 21

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 Corley Thompson

Licensed Embalmer No. Neosho

P. O. Address 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.