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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33945

FILED NOV 29 1944

Registration District No. 39

Primary Registration District No. 4097

Registrar's No. 158

1. PLACE OF DEATH:

(a) County ~~Harris~~ Cass

(b) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community One year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 700 East Mechanic
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Elizabeth Jane Hammontree

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dennis Dale Hammontree

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April (Month) 28 (Day) 1864 (Year)

8. AGE: Years 80 Months 5 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Beatrice (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business ✓

FATHER
12. Name D. L. W. Boston
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Woolley
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Paul D. Hammontree

(b) Address Holden, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22 (Month) (Day) (Year)

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

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Oct. 23, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1944 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 8-30, 1944, to 10 20, 1944 that I last saw her alive on 9 27, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy Cerebral Hemorrhage	
Due to Arterial Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 A'	

Major findings:
Of operations
Of autopsy

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 David S. Long (M. D. ~~or other~~)

Address Harrisonville Mo Date signed 10/26/44

Ex Board 1047

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rimmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.