S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38055

State File No.

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 135

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: W. Benton St

Rt # 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho Rural (If outside city or town limits, write "RURAL")

(d) Street No. Rt # 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATIE B. Hamuth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Joe Hamuth

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

7. Birth date of deceased Aug 4 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	3	8	hr. min.

9. Birthplace Webster County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name James W. Brymer

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Minerva Tatum

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Tina Hamuth

(b) Address Neosho, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15. 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Cemetary

18. (a) Signature of funeral director G. E. Culver

(b) Address Cassville Mo.

19. (a) Nov. 14, 1945 (Date received local registrar) (b) Melvin C. Bonner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1945 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound through head

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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: SUICIDE

(a) Accident, suicide, or homicide (specify) GUN SHOT WOUND SHOT SELF THROUGH HEAD. .38 CALIBER PISTOL

(b) Date of occurrence Nov 12, 1945

(c) Where did injury occur? 6 1/2 mi SW Neosho Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? IN BARN AT THE HOME (Specify type of place)

While at work? (e) Means of injury

23. Signature James G. Hamill Acting Coroner (M. D. or other)

Address Neosho, Mo. Date signed 11/13/45

1482 (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.

RECEIVED NOV 17 1945

District Health Officer No.

District File Number 1145-210

Late Filed NOV 17 1945

Signed Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Caswell Me

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.