S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5883

FILED MAR 5 1948

Registration District No. 201

Primary Registration District No. 4450

Registrar's No. 2285

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams' Hospital 0
(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 Oregon 75
(c) City or town Couch 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Ida Jane Hamon
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 Thomas Cleveland Hamon
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January (Month) 12 (Day) 1886 (Year)

8. AGE: Years 62 | Months - | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Couch (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name David Johnson 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Cynthia Dunkin
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant T. C. Hamon
(b) Address Couch, Mo.
17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof 1/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Wirth, Ark.
18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.
19. (a) 2-7-48 (Date received local registrar) (b) E B Johnston (Registrar's signature) 399

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1948 hour 2 minute 00 A. M.
21. I hereby certify that I attended the deceased from 12-28- 1947, to 1-15- 1948
that I last saw her alive on 1-15- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to cirrosis of liver and acities
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

124B

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 0

23. Signature J E Williams (M. D. or other)
Address Doniphan Mo Date signed 2-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

William

R
D... No. 5,
District File Number 348145
Date Filed 3-4-48

MAR 6 19

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.