

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15426**

FILED JUN 9 1949

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) Josiah b. (Middle) M. c. (Last) Hammonds			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1949		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9--7--1877	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired J.P.		10b. KIND OF BUSINESS OR INDUSTRY J. P.		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Dr. George T Hammonds		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lula Hammonds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish Amer.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lula Hammonds ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinary obstruction			15 yrs
	DUE TO (c) Prostatic Hypertrophy			25 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6/10A				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/29, 1949, to 5/31, 1949, that I last saw the deceased alive on 5/29, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE S. E. Mitchell M.D. (Degree or title)	23b. ADDRESS Malden Mo.	23c. DATE SIGNED 5/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3, 1949	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Malden, Missouri
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DATE REC'D BY LOCAL REG. 6/4/49	REGISTRAR'S SIGNATURE J. S. Schumann	25. FUNERAL DIRECTOR'S SIGNATURE Wallace R. Rouse ADDRESS Malden, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

SEP 9 1949

JUL 7 1949

RECEIVED

District Health Office No. 2

District File Number 649-644

Date Filed 6-6-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malden, Mass.

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.