

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**11079**  
Do not use this space.

REC'D APR 20 1938

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 411  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. St. John's Hospital \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Charles Franklin Hamilton 5-4-3

(a) Residence, No. Granby, Mo. St.  Granby, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1935  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 11 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Newton Co., O  
 (STATE OR COUNTRY) Missouri C

FATHER 13. NAME Sam H. Hamilton O

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ O  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Reon Wyatt

16. BIRTHPLACE (CITY OR TOWN) Webb City  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Sam H. Hamilton  
 (ADDRESS) Granby, Mo.

18. BURIAL, CREMATION, OR REMOVAL Newtonia, Mo.  
 PLACE I.O.O.F. Cemetery 3-8-38

19. FUNERAL DIRECTOR Ulmer Funeral Home  
 (ADDRESS) Carthage, Mo.

20. FILED 3-9 1938 Jasper  
 Local Registrar 312

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938 to Mar 6, 1938  
 I last saw him alive on Mar 6, 1938. Death is said to have occurred on the date stated above, at 10:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

General Septicemia (Staphylococci) Date of onset 3  
 Multiple furuncles ?  
 Other contributory causes of importance: 151a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Blood Cult Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) [Signature], M. D.  
 (Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Ed. C. Ulmer, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ed. C. Ulmer

Licensed Embalmer No. 2222

**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.)**