

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.

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

6247
Do not use this space.

MAR 16 1939

1. PLACE OF DEATH
 (a) County Clay Registration District No. 197
 (b) Township Hollatin Primary Registration District No. 5276 A
 (c) City North Kansas City Street No. Home Registered No. _____ 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 Ellsworth Hamilton
 (a) Residence, No. 304 Arrow Road St. (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 widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Hamilton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1862
 7. AGE YEARS 76 MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Clerk
 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 15
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Ia
 FATHER 13. NAME George Hamilton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Rosetta Bunker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County, Iowa
 17. INFORMANT Max Ironhill
 (ADDRESS) 207 W Stone, Indep Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Stone, Independence DATE Feb 27, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Western Funeral Home
North Kansas City, Mo
 20. FILED Mar 1, 1939 Viola C. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939, to Feb 23, 1939
 I last saw him alive on Feb 23, 1939 Death is said to have occurred on the date stated above, at 2 PM.
 The principal cause of death and related causes of importance were as follows:
wremia from
benign prostatic hypertrophy
 Date of onset _____
 Other contributory causes of importance:
hypostatic pneumonia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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) J. J. [unclear] M. D.
 (Address) Commercially N. B. C.

RECEIVED
District Health Officer No. 8,
License File Number
3/13/39

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,

personally, or by

Registered Apprentice No....., working under my personal supervision.

Signed *David L. Ross*

Licensed Embalmer No. *3605*

P. O. Address *No. 1400 W. 1st*

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, above space should be left blank.