

JUN 13 1939

CERTIFICATE OF DEATH

19220

1. PLACE OF DEATH
 County MERCER State: MISSOURI Registered No. 28
 Township LINDLEY or Village _____
 City Pleasanton Ia No. 543 St. _____ Ward _____
 (If death occurred in a hospital or institution give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Maunie Thana Hamilton
 (a) Residence No. Merco Mo St. _____ Ward _____
 (Usual place of abode) (If non-resident 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 none
 6. DATE OF BIRTH (month, day, and year) May 17 1934
 7. AGE Years _____ Months _____ Days _____ If less than 1 day, _____ hrs. or _____ mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 17 1939
 22. I hereby certify that I attended deceased from 5/17 1939 to 5/17 1939
 I last saw her alive on May 17 1939 death is said to have occurred on the date stated above, at 12:45 p.
 The principal cause of death and related causes of importance in order of onset were as follows:
This child was born dead
Cause unknown
 Date of onset _____
 Contributory causes of importance not related to principal cause: _____

12. BIRTHPLACE (city or town) Merco Mo (State or country) Mo
 FATHER
 13. NAME Earnest Hamilton
 14. BIRTHPLACE (city or town) Harrison Ia (State or country) Mo.
 MOTHER
 15. MAIDEN NAME Cecil Hawk
 16. BIRTHPLACE (city or town) Des Moines Ia (State or country) Iowa
 17. INFORMANT Earnest Hamilton (Address) Pleasanton Ia
 18. BURIAL, CREMATION, OR REMOVAL
 Place Hamilton Cem Date 5/18 1939
 19. LICENSED EMBALMER Frank S. Stewart No. 48 (Address) Des Moines
 20. FILED May 29 1939 J M Perry Registrar.

Name of operation None Date of _____
 What test confirmed diagnosis? Phys Was there an autopsy? No
 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury _____
 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? No If so specify _____
 (Signed) J W W Ailes M. D.
 (Address) Des Moines City Iowa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS

RECEIVED

District Health Officer No. _____

District File Number 39-587

Date Filed JUN 5 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I, Frank S. Stewart Licensed Embalmer No. #8 3756 mo hereby certify that
the body recorded on the reverse side of this certificate was embalmed by not embalmed L. E.

No..... or by..... Registered student No.....
working under my personal supervision.

Signed Frank S. Stewart

Licensed Embalmer No. 3756 mo

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).