

1936 DEC 13 1939

STANDARD CERTIFICATE OF DEATH

State File No. 39198

Registration District No. 102

Primary Registration District No. 15150

Registrar's No. 24

1. PLACE OF DEATH: Callaway 9111  
 (a) County Callaway  
 (b) City or town Auxvasse Rural Jackson  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 13 YEARS  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway  
 (c) City or town Auxvasse, Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 Mi. South of Auxvasse  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Ephar Hamilton  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 26<sup>TH</sup>  
 year 1939 hour 5 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced, MARRIED

that I last saw him DEAD alive on Nov. 26, 1939; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife MARY EZZA BAXTER HAMILTON 6. (c) Age of husband or wife if alive 73 years

Immediate cause of death Automobile Accident Duration \_\_\_\_\_  
1 mi. South of Auxvasse on Highway 54

7. Birth date of deceased August 25 1866  
 (Month) (Day) (Year)

Death Instant, Broken neck, compound

8. AGE: Years 73 Months 3 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to fracture of both arms and both legs.  
Internal Injuries

9. Birthplace Millersburg MISSOURIA  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation RETIRED

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Framer

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name William Alexander Hamilton 0  
 18. Birthplace VIRGINIA  
 (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name MARY Vivian  
 15. Birthplace Boone County Missouri  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Carroll A. Sims

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident

(b) Address OH 3 Mexico Mo

(b) Date of occurrence Nov. 26, 1939

17. (a) RURAL (b) Date thereof NOV. 28, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Auxvasse Rural Callaway Mo  
 (City or town) (County) (State)

(c) Place: burial or cremation Auxvasse

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on U.S. Highway 54  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Glen Y. Maupin  
 (b) Address 700 Court St. Fulton, Mo

23. Signature W. J. Barrett (M. Doctor) J. P. Acton's Coroner  
 Address Fulton Mo Date signed 11-27-39

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.

210 m

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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.....

*John D. Batchelder*, Registered Apprentice No. *192*  
working under my personal supervision.

Signed *Glen Y. Maupin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, Mo.*

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

39198  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 102  
(b) Township Jackson Primary Registration District No. 3150  
(c) City..... (d) Street 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 William Epelar Hamilton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 3 1

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) (STATE OR COUNTRY)

13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Automobile accident on highway 5-4 Death instant  
Broken neck compound fracture of both arms and  
both legs Internal injuries  
Date of onset  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Nov 25 1939  
Where did injury occur? Near house Callaway, Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
on highway 5-4  
Manner of injury Car collision with post  
Nature of injury Broken legs & arms Neck & chest

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. P. Gassett Coroner  
(Address) Fulton Mo

Death instant

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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 if very important.

SUPPLEMENT

