

S. No. 2  
-11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6969

State File No. \_\_\_\_\_

FILED MAR 12 1940

Registration District No. 41

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

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

49  
7  
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Madoc  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days  
(Specify whether)

In this community 41 years  
years, months or days

8. (a) PRINT FULL NAME ROSA HAMILTON 543

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Clayton Hamilton

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 21 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Webb City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Jane Roberts

13. Birthplace Walsingham, England  
(City, town, or county) (State or foreign country)

14. Maiden name Effie Roberts

15. Birthplace Walsingham, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. C. E. Hamlin

(b) Address Madoc, Mo.

17. (a) burial (b) Date thereof Feb 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Mo.

19. (a) 3-26-40 (b) E. D. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Madoc - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - Ononago R. 11  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24  
year 1940 hour 1:23 minute 0 M.

21. I hereby certify that I attended the deceased from 2-20-40 to 2-24-40, 1940, to 19;  
that I last saw her alive on 2-23-40, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to <u>Chronic Interstitial Nephritis</u>	<u>6 months</u>
Due to <u>Hypertension</u>	
Other conditions <u>Re Cerebral Hemorrhage</u>	<u>24 hrs</u>

(Include pregnancy within 3 months of death)

Major findings: 121

Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Walter Adams (M. D.) or other 1  
Address Joplin Mo  
Date signed 2/25/40  
(Specify type of place) (e) Means of injury

RECEIVED:

District Health Officer No. 6,

District File Number 3410-748

Date Filed MAR 8 1940

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.....

C. W. Hedger.....; Registered Apprentice No. 2859  
working under my personal supervision.

Signed C. W. Hedger.....

Licensed Embalmer No. 2859

P. O. Address Wash. City

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.