

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18522  
State File No.

Registration District No. 328 Primary Registration District No. 30175459 Registrar's No.

1. PLACE OF DEATH:  
(a) County Groves  
(b) City or town St. James, Mo.  
(c) Name of hospital or institution: R7W #7 Trenton Mo.  
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)  
In this community 21 years

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

8. (a) PRINT FULL NAME Charles Perry Hamilton 543

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mollie Hamilton 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: November 18<sup>th</sup> 1871  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Meru County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name J. R. Hamilton

13. Birthplace Indianapolis Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Jane A. W. Roach

15. Birthplace Franklin Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Hamilton

(b) Address R7W #7, Trenton, Mo.

17. (a) Burial (b) Date thereof April 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton County, Trenton, Mo.

18. (a) Signature of funeral director Raymond A. Davis  
(b) Address Trenton, Mo.

19. (a) 4-24-40 (b) Irene D. Fair  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1940 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 21, 1940, to April 22, 1940, that I last saw him alive on April 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none

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? 300

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. H. Puller M.D. (M. D. or other) 1  
Address Trenton Mo Date signed 4-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAIN UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
RECEIVED  
District Health Officer No. 111  
District File Number 440-895  
Date Filed JUN 12 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 \_\_\_\_\_

Kobus B Davis

Registered Apprentice No. 212

working under my personal supervision.

Signed \_\_\_\_\_

Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Frederick, Md.

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.