

Registration District No. 279

Primary Registration District No. 4253

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden ~~Madison~~
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location) g
(d) Length of stay: In hospital or institution ✓ (Specify whether) g
In this community ✓ years, months or days 5113

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden (If outside city or town limit: write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1940 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 12, 1940, to June 17, 1940
that I last saw her alive on June 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 6/17/40
Duration

Due to Hypertensive Cardio-Vascular disease

Due to _____
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: g5B²
Of operations _____
Of autopsy _____
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? 300
300 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Kelly Rowland (M. D. or other) 1
Address Holden Mo Date signed 6/18/40

3. (a) PRINT FULL NAME Mary Josephine Hamilton

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife A. F. Hamilton 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased August 30 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name James Sage

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

14. Maiden name Amanda M. Moore

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

16. (a) Informant Albert Franklin Hamilton

(b) Address Holden Mo

17. (a) Burial (b) Date thereof June 19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Spring Cemetery

18. (a) Signature of funeral director M. Woodman

(b) Address Holden Mo

19. (a) June 18, 1940 (b) Mrs. H. V. Redford
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8
District File Number 7-10-40
Date Filed

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.....

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

Signed *M. Goodman*

Licensed Embalmer No. 2424

P. O. Address *Helden m...*

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.