

Registration District No. 460Primary Registration District No. 4274Registrar's No. 30

1. PLACE OF DEATH

- (a) County Lafayette
 (b) City or town Higginsville Mo
 (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 _____
years, months or days8. (a) PRINT FULL NAME Jessie Estelle Hamilton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife J. W. Hamilton 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased Mar. 16 - 1871
(Month) (Day) (Year)8. AGE: Years 69 Months 4 Days 3 If less than one day _____ hr. _____ min.9. Birthplace Humboldt Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business _____

12. Name J. W. Browne13. Birthplace Pennsylvania State
(City, town, or county) (State or foreign country)14. Maiden name Mary Bann15. Birthplace Do not know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Blanchet Hamilton(b) Address 519 South Steel17. (a) Burial (b) Date thereof July 20 1940
(Burial, cremation, or removal) (Monthly) (Day) (Year)(c) Place: burial or cremation Higginsville, Lafayette Mo18. (a) Signature of funeral director Walter H. Minter(b) Address Higginsville Mo19. (a) July 20 1940 (b) Walter H. Minter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Lafayette
 (c) City or town Higginsville
 (If outside the city or town limits, 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 July day 18
year 1940 hour 12:50 minute P. M.21. I hereby certify that I attended the deceased from Dec. 21
1940, to July 18, 1940
that I last saw her alive on July 18, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic valvular disease - on 10 yearsdue to Ch. nephritic - on 3 years

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy none

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. Koppertina (M. D. or other) _____Address Higginsville Mo Date signed 7/20/40

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.....

Roy F. Wiegus

Licensed Embalmer No. *2983*

P. O. Address.....

Higginson

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.