

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27723

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3357

1. PLACE OF DEATH: JACKSON
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. & 16 days
 (Specify whether years, months or days) 30 Years

3. (a) PRINT FULL NAME ELIZABETH LIDA HAMILTON 543
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female race White
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Alfred Hamilton
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased August 26 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 30 hr. min.

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

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER { 12. Name Newton R. Robinson
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary I. Taylor
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alfred Hamilton
 (b) Address 2012 Lawn

17. (a) Burial (b) Date thereof Aug. 27, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director D. H. Newsome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 26, 1940 (b) M. M. Craue
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State 0 Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits write "RURAL")
 (d) Street No. 2012 Lawn
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th
 year 1940 hour 4 minute 14 A M.

21. I hereby certify that I attended the deceased from July 18th, 1940, to Aug. 24th 1940, 1940;
 that I last saw her alive on Aug. 24th, 1940, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Fibrosarcoma of thigh

Due to 53

Due to

Other conditions Pulmonary embolism and hypostatic bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings: See above

Of operations

Of autopsy

See above

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) 3101 While at work? (e) Means of injury

23. Signature Avery R. Thorne (M. D. or other)

Address Med. Dir. K. C. Gen. Hospital, K. C. Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City, 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.