

S. No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36010

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

Registration District No. 268

Primary Registration District No. 3032

Registrar's No. 325

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 4 yrs & 4 months years, months or days

3. (a) PRINT FULL NAME SARAH E. HAMILTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Stephen Hamilton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 3 1893 (Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>53</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Jefferson City Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife 9

11. Industry or business self 1

12. Name Stephen Scott 1

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

14. Maiden name Sarah Gray

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

16. (a) Informant Clarence Hamilton

(b) Address Sedalia Mo

17. (a) Marshall Mo (b) Date thereof Oct 10 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. D. Ferguson

(b) Address 117 E. Jefferson Mo

19. (a) Oct 8-40 (b) Mrs. Harry Sneed (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 12

(a) State Missouri (b) County Pettis

(c) City or town Sedalia (If outside city or town limits, write "RURAL")

(d) Street No. 116 1/2 West Main (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1940 hour \_\_\_\_\_ minute 8 P. M.

21. I hereby certify that I attended the deceased from Aug 18, 1940, to October 6, 1940, that I last saw her alive on October 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency

Due to: Cirrhosis of Liver

Due to: arteriosclerosis

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

Major findings: \_\_\_\_\_

Of operations: 12412

Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature A. R. Woodcock (M. D. or other) MD

Address 116 1/2 W. Main Date signed 10-9-40

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

0  
4  
4

RECEIVED  
District Health Officer No. 8,  
District File Number 11-14-40  
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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

**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, fact should be so stated above.**