

DEC 14 1940

157

Registration District No.

Primary Registration District No. 4091

33

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Blanche Hannah Hamilton
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cleve Hamilton 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October-30-1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Joseph Morse
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Strong
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Cleve Hamilton
(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof 10/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Kenett Mo

18. (a) Signature of funeral director J. P. Singers
(b) Address Pleasant Hill Mo

19. (a) 11-15-40 (b) Mrs. Etta M. Aldridge
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1940 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from August 16, 1940 to Oct. 22, 1940
that I last saw h. er alive on Oct 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia 4 years
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 17 W

Major findings: _____
Of operations _____
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?
While at work? 11 (Specify type of place) (e). Means of injury 3
23. Signature J. P. Singers (or other) 90
Address _____ Date signed _____

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

JAN 26 1948

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.....

D. A. Nofsinger, Registered Apprentice No.
working under my personal supervision.

Signed

D. A. Nofsinger

Licensed Embalmer No. *2938*

P. O. Address *Pleasant Hill*

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.