

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42546

State File No. \_\_\_\_\_  
Registrar's No. 1021

Registration District No. 318

Primary Registration District No. 2001

39  
3  
6

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: 1050 College  
(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. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1030 College  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ALTA-B.-HAMILTON

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. none

20. DATE OF DEATH, Month Dec day 21 year 1940 hour 5.00 minute \_\_\_\_\_ A.M.

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from Dec 14, 1940, to Dec 21, 1940; that I last saw her alive on Dec 21, 1940; and that death occurred on the date and hour stated above.

6. (b) Name of husband Ralph Hamilton 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased March 25 1899  
(Month) (Day) (Year)

Immediate cause of death Acute Myocardial Failure (Pulmonary Edema)

8. AGE: Years 41 Months 8 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic Myocarditis

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

Other conditions Deceased 2 months ago of 13th baby.

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

11. Industry or business Gov. Service

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

12. Name Jesse Hedley

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

14. Maiden name Mary E. Hedley

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

16. (a) Informant Mrs. Nancy E. Hedley  
(b) Address 2594 N. Travis

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof Dec 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

18. (a) Signature of funeral director W. E. Handley  
(b) Address 1223 N. W. E. Handley

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar's) (Registrar's signature)

Signature A. H. White (M. D. or other) \_\_\_\_\_  
Address Springfield Date signed 12/31/40

FEB 5 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield

**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.

X