

JAN 20 1941 548

Registration District No.

Primary Registration District No. 4323

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra
(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 ANNA MAUD HAMILTON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carson Hamilton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 3 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Oliver Callahan
13. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Clabston
15. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Rothwell
(b) Address Palmyra Mo.

17. (a) Burial (b) Date thereof Dec 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Burial Home Palmyra Mo.

18. (a) Signature of funeral director E. J. Shugart
(b) Address Palmyra Mo.

19. (a) Dec 7-1940 (b) Gertrude Lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(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 Dec day 6
year 1940 hour 9 minute 40 M.
21. I hereby certify that I attended the deceased from Dec 5, 1940, to Dec 6, 1940
that I last saw her alive on Dec 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Pulmonary Tuberculosis 18 Mo
Chronic Gastric ulcer 6 Mo

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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?
4 51A (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. J. Powell (M. D. or other) 3
Address Palmyra Mo. Date signed 12/18/40

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

MOTHER FATHER

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

Carl Abbot

Registered Apprentice No. *229*

working under my personal supervision.

Signed

E. J. Sprague

Licensed Embalmer No. *3245*

P. O. Address *Palmyra 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, fact should be so stated above.