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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1374

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 334

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

1. PLACE OF DEATH:

(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: 2641 Forest 7 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 510 East 8 St. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME William Henry Hamilton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Hamilton

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 88 Months — Days — If less than one day ..... hr. ..... min.

9. Birthplace Clinton Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business Rock Island R.R.

FATHER
12. Name John Hamilton
13. Birthplace No record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Walter P. Hamilton

(b) Address 510 East 8th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) Jan 23 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1941 hour 7:45 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from June 21, 1941, to June 21, 1941, that I last saw him alive on June 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to 33 B

Due to

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury D

23. Signature Hugh A. Gustin (M. D. or other)

Address 303 Wilhelm Bldg Date signed 1-22-41

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Quir

Licensed Embalmer No. 3775

P. O. Address K C 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.