

No. 2
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1-2142

FILED APR 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10791

State File No. _____

Registration District No. 35

Primary Registration District No. 35-15792

Registrar's No. 8

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deepwater Rural Farm
(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 at home
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Sarah Ellen Hamilton

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Henry C. Hamilton
6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April 15 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Charleston Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Callaway
13. Birthplace Unknown (City, town, or county) (State or foreign country)

{ 14. Maiden name Marrett Ferguson
15. Birthplace Mirginal (City, town, or county) (State or foreign country)

16. (a) Informant Iva Pearl Dahms
(b) Address Deepwater mo

17. (a) Deepwater mo (b) Date thereof 3-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington MO
18. (a) Signature of funeral director F. J. Russell
(b) Address Deepwater mo

19. (a) 3/26/41 (b) F. J. Russell
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Deepwater
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 1941
year _____ hour 10 AM minute _____

21. I hereby certify that I attended the deceased from Mar 25 1941
to Mar 26 1941
that I last saw her or alive on Mar 25 1941
and that death occurred on the date and hour stated above

Immediate cause of death Angiocardia
Pneumonia
chronic myocarditis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

3/5 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature F. J. Russell (M. D. or other) _____
Address Deepwater Date signed 3/30

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

928

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deep Water, 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.

Registration District No. 35

Primary Registration District No. 3492

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Fairfax
(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

3. (a) PRINT FULL NAME Sarah Ellen Hamilton

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

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

8. AGE: Years Months Days If less than one day
74 11 10 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: month March day 36
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____
Pneumonia Bronchial

Due to Chr. myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92W

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?

While at work? (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M.D. or other)

Address [Address] Date signed 3/7/41

SUPPLEMENTAL

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

MOTHER FATHER

1941

S-10791