

FILED APR 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12388
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891
(b) Township Benton Primary Registration District No. 6191 Registered No. 8
(c) City Piedmont (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilbour Hamilton

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc Missouri

FATHER 13. NAME Asias Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc, Mo.

MOTHER 15. MAIDEN NAME Lula Borch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co., Mo.

17. INFORMANT (ADDRESS) Hiram Hamilton
C.E. Camp Ellington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACED Des Arc Cemetery DATE March 10, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William Coder
Piedmont, Mo.

20. FILED 4-7-41 W. B. Piles, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-8-41 (5-9-24), 1941 to 3-9-41 (7 P.M.), 1941
I last saw him alive on 3-8-41, 1941. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Run over by truck crushed chest.
Date of onset _____
Other contributory causes of importance: 1700
21

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-8-41
Where did injury occur? Highway 34 Piedmont, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public road

Name of injury Run over by truck
Nature of injury chest crushed

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. B. Piles M. D.
(Address) Piedmont, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16603

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.....

Coder Funeral Home

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William Coder

Licensed Embalmer No.....

3723

P. O. Address.....

Piedmont, 722

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. 891

Primary Registration District No. 6191

Registrar's No. _____

1. PLACE OF DEATH

(a) County Wayne
(b) City or town Bentont, P
(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 Wilbour Hamilton
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

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

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

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

8. AGE: Years 19 Months 2 Days 1
If less than one day _____ 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-1946 (b) W. C. Jones MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town R3 Piedmont
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
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 _____ Duration _____

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? _____

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

23. Signature W. C. Jones (M. D. or other) _____

Address Piedmont Date signed _____

SUPPLEMENT #941

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

HOWARD MOORE

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and cannot be transcribed accurately.]