

Registration District No. 121

Primary Registration District No. 3009

State File No.

Registrar's No. 131

1. PLACE OF DEATH:

(a) County. Cape Girardeau  
(b) City or town.  
(c) Name of hospital or institution: St. Francis Hospital  
(d) Length of stay: In hospital or institution. Few days  
In this community. 20 yr. in Missouri

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Dunklin  
(c) City or town. Holcomb  
(d) Street No. "Rural"  
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Elizabeth Mead Hamilton

20. DATE OF DEATH: Month April day 3rd year 1941 hour 7 minute 45 AM

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

21. I hereby certify that I attended the deceased from March 28th to April 9, 1941 that I last saw her alive on April 9, 1941 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife J. Hamilton 6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased JAN 1 1863

8. AGE: Years 78 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

14. Maiden name Uk. 15. Birthplace Uk. (City, town, or county) (State or foreign country)

16. (a) Informant (Son) J. Adams

(b) Address Bertrand Mo.

17. (a) Burial (b) Date thereof 4-4-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation "Stanfield" Clarkton, Mo.

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell Mo.

19. (a) 4-7-41 (b) J.M. Thompson (Date received local registrar) (Registrar's signature)

Immediate cause of death. Delayed surgical shock  
Due to Peritonitis and plastic operation on anterior v. wall  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Peritonitis and uterine prostatica  
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?  
While at work? (Specify type of place) (e) Means of injury

Signature W.H. Wescott (M. D. or other)  
Address 323 Academy Cape Girardeau Date signed 4-7-41

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

MOTHER FATHER

Duration

24 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**