FILED MAY 10 1941

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15324

Registration District No. 615. Primary Registration District No. 5817 Registrar's No. 1.

3
0
0

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

1. PLACE OF DEATH:

(a) County Newton Missouri

(b) ~~City or town~~ Rural - Van Buren Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pierce City, Route #2 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Pierce City, Route #2. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Wesley Hamilton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Opal Rimmer

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

7. Birth date of deceased May (Month) 6, (Day) 1909 (Year)

8. AGE: Years 31 Months 11 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Rocky Comfort, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Frank Hamilton
13. Birthplace Pierce City, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Eunice Hargett
15. Birthplace Waynsville, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Frank Hamilton
(b) Address Route #2, Pierce City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Powers Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) April 19th 1941 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th, year 1941 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from March 18, 1941, to April 13, 1941 that I last saw him alive on April 13, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensated valvular heart disease.	1 month
Due to Rheumatic fever in childhood.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 D

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? (Specify type of place)
875
While at work? (e) Means of injury 8

23. Signature Charles O Chester (M.D. or other) D.O.
Address Granby, Mo Date signed 4/15/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] No. 6,
District Filo [illegible] 541-765
Date Filed MAY 9 1941

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 [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.