

FILED AUG 18 1941

Registration District No. 477

Primary Registration District No. 4288

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LaBelle
(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 1 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Carolyn Jo Hamilton

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

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

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

7. Birth date of deceased June 16 1941 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 2 hr min

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

10. Usual occupation

11. Industry or business

MOTHER, FATHER { 12. Name Cyrus Hamilton
13. Birthplace New Boston Iowa
14. Maiden name Mary Jo Bone
15. Birthplace LaBelle Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Cyrus Hamilton (b) Address LaBelle Mo

17. (a) Burial (b) Date thereof June 16 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove Cem LaBelle Mo

18. (a) Signature of funeral director J. D. Godee

(b) Address LaBelle Mo

19. (a) 6/23/41 (b) P. W. Jennings (Date received local registrar) (Registrar's signature) M.D.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town LaBelle (If outside city or town limits, write "RURAL")
(d) Street No. 7 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from June 14 1941, to June 16 1941; that I last saw him alive on June 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Markus Carulus Duration 2 hrs

Due to 15 16

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?
(Specify type of place) (e) Means of injury

23. Signature Dr. Earl Porter (M. D. or other) 20.0
Address Canton Mo. Date signed 6/16/41

