

Registration District No. 26

Primary Registration District No. 5034

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Saltriver Township
(c) Name of hospital or institution: none R.T.D. #4
(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 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Merion Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. #4 Mexico Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margaret Bruce Hamilton

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Scott Hamilton 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March 8, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	5	27	hr. min.

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

10. Usual occupation farm work

11. Industry or business _____

12. Name Ms. Bruce

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

14. Maiden name Lettie Short

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

16. (a) Informant Miss Lana Hamilton

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 9/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director Clara Curran

(b) Address Mexico, Mo.

19. (a) Sept-6/41 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1941 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from May 31, 1940 to 9-4-41
that I last saw or alive on 9-4- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis
Hypertension

Due to _____

Due to _____

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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 DM

23. Signature Frank Kelley (M. D. or other)

Address Mexico, Mo. Date signed 9/6/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1916

Date Filed OCT 24 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.....

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.