

12-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Shompson 38207
State File No. _____
Registrar's No. 74

DEC 18 1941

Registration District No. 232

Primary Registration District No. 4182

1. PLACE OF DEATH:

(a) County James
(b) City or town Jamesport, Tenn
(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 FRANK A. HAMILTON

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

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

6. (b) Name of husband or wife Carrie Hamilton 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 25 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER
12. Name Jefferson Hamilton
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ramsey
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Hamilton
(b) Address Jamesport, Mo.
17. (a) Jamesport (b) Date thereof Nov. 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mossy Cem.

18. (a) Signature of funeral director Hoberson
(b) Address Jamesport Missouri
19. (a) Dec 1-41 (b) Nelle Wiles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1941 hour 12 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from November 12, 1941 to November 17, 1941; that I last saw him alive on November 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Croupous Pneumonia Duration 5 days

Due to _____
Due to _____

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

Major findings: 108
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 Hoberson (M. D. or other) _____
Address Jamesport, Mo. Date signed _____

227 (Licensed Embalmer's Statement on Reverse Side)

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

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

O. L. Roberson

Licensed Embalmer No.

3247

P. O. Address

Geneport

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

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