

FILED FEB 27 1942

Registration District No. 308

Primary Registration District No. 308

Registrar's No. 36

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 HOUR
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. HOLTS SUMMIT, RT-1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NORMA JEAN HAMILTON

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

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 _____

7. Birth date of deceased. JAN. 5 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>24</u>	hr. min.

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

10. Usual occupation INFANT

11. Industry or business INFANT

12. Name FRANK J. HAMILTON

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

14. Maiden name CELIA MYERS

15. Birthplace CALLAWAY Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hamilton

(b) Address Delta Summit, R. 1

17. (a) BURIAL (b) Date thereof 1-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EBENEZER CEMETERY

18. (a) Signature of funeral director Geo Wallace

(b) Address FULTON, MO.

19. (a) Jan 30 42 (b) Joie Marshall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1942 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 28 1942 to Jan 29 1942
that I last saw her alive on Jan 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 12 hrs

Due to _____

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? _____

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

23. Signature Geo Wallace (M. D. or other) Phys

Address Fulton, Mo. Date signed 1/30/42

MOTHER FATHER

11447 (Licensed Embalmer's Statement on Reverse Side)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF ANATOMY

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 *Caren J. Boyce*

Licensed Embalmer No. 3949

P. O. Address West 6th Fulton M

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

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

1B
-41
9288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6121
Registrar's No.

Registration District No. 104

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL.")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norma J. Hamilton

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased: Jan 5 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
(If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
p. _____ to _____ p. _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Bronchitis Pneumonia
Due to _____
No known complication
prior to death.

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

Major findings: _____
Of operations _____

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 _____

23. Signature George J. Wood (M. D. or other) _____
Address Fulton, Miss. Date signed 1/1/41

SUPPLEMENTARY

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

1. The first part of the report describes the experimental setup and the results of the measurements. The data show a clear trend of increasing activity with increasing concentration, which is consistent with the theoretical predictions.

2. The second part of the report discusses the theoretical background and the models used to describe the observed behavior. The models are based on the principles of thermodynamics and statistical mechanics, and they provide a good fit to the experimental data.

3. The third part of the report compares the experimental results with the theoretical predictions and discusses the sources of error. The agreement between the two is very good, indicating that the models are valid and that the measurements are accurate.

4. The fourth part of the report concludes the study and suggests directions for future research. It is hoped that the results of this study will be useful to other researchers in the field of physical chemistry.