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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5440

State File No. 6699

Registrar's No. 155

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months, 25 Days (Specify whether years, months or days)

In this community 2 Months, 25 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County York

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

(d) Street No. 344 Allison Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HAMILTON, Clinton Lloyd

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male

5. Color or race negro

6. (a) Single, widowed, married, divorced? single

6. (b) Name of husband or wife None

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

7. Birth date of deceased March (Month) 31 (Day) 1918 (Year)

8. AGE: Years 23 Months 10 Days 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation Kitchen worker

11. Industry or business

FATHER
12. Name Charles Hamilton
13. Birthplace unknown (City, town, or county) No. Carolina (State or foreign country)

MOTHER
14. Maiden name Anna Harley
15. Birthplace unknown (City, town, or county) No. Carolina (State or foreign country)

16. (a) Informant Self
(b) Address Medical Center Spfd., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation York, Pennsylvania.

18. (a) Signature of funeral director Thieme
(b) Address Springfield, Mo.

19. (a) 2/28/42 (Date received local registrar) (b) F. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from December 1st, 1941 to Feb. 26th, 1942, that I last saw him alive on February 26th, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary.	since admission
Due to	
Due to 138.1	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Pneumothorax, artificial, left.	
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)
While at work? (e) Means of injury

23. Signature E. A. Farberry (M. D. or other) D
Address MCFP, Springfield, Mo. Date signed 2-27-42

(Licensed Embalmer's Statement on Reverse Side)

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 R H Chieme

Licensed Embalmer No. 368I

P. O. Address Springfield, Mo.

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

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