

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph, Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1220 North 11th. Street
(e) If foreign born, how long in U. S. A. 61 years

3. (a) PRINT FULL NAME William Wallace Hamilton

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th
year 1942 hour 8 minute A. M.

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Jeane S. Hamilton
6. (c) Age of husband or wife if alive years 25 1859
7. Birth date of deceased February 25 1859

21. I hereby certify that I attended the deceased from 4-10 1942 to 4-25 1942
that I last saw him alive on April 24 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 2 Days 0 If less than one day hr. min.

Immediate cause of death
Myocardial Inefficiency
Atricular Fibrillation
Chronic interstitial Nephritis
Due to Plural Effusion
Uremia, acute
Duration
?
4 days
7
5 days
3 days

9. Birthplace Carluke Scotland
10. Usual occupation Retired Stone Mason

Other conditions:
Major findings:
Of operations 13/a
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name James Hamilton
13. Birthplace Carluke Scotland
14. Maiden name Mary Wallace
15. Birthplace Carluke Scotland

16. (a) Informant James H. Hamilton
(b) Address 1220 No. 11th. St. St. Joseph, Mo.
17. (a) Burial (b) Date thereof 4-27-1942
(c) Place: burial or cremation Mt. Mora, Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Walter Meinhoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo.
19. (a) 4-27-42 (b) Roe Herzog
(Date received local registrar) (Registrar's signature)

23. Signature S.D. Servo, M.D. (M. D. or other)
Address St. Joseph Mo Date signed 4-25-42

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

Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.