S. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37290

FILED DEC 1 1942

Registration District No. 2001 Registrar's No. 496

1. PLACE OF DEATH:
(a) County Jasper 19
(b) City or town Joplin 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hospital 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 3133 East 10th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dewitt Clinton 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 Mary J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 13 (Day) 1841 (Year)

8. AGE: Years 91 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Peoria (City, town, or county) Ill (State or foreign country)
10. Usual occupation Stationary Engineer
11. Industry or business Retired

MOTHER
12. Name no record
13. Birthplace — (City, town, or county) — (State or foreign country) 9

FATHER
14. Maiden name —
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant Mrs Rosie Hamilton
(b) Address 2301 Penn ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Thomas Wilson
(b) Address Joplin Mo
19. (a) 11-12-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th year 1942 hour 11 minute a.m. M.

21. I hereby certify that I attended the deceased from 11-6, 1942 to 11-10, 1942 that I last saw him alive on 11-10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia —

Due to retention from an old enlarged prostate

Due to used catheter for several years

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

23. Signature E. D. James (M. D. or other)
Address Joplin Mo Date signed 11-11-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-11-959

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin, Mo

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.

. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 Dewitt Clinton Hamilton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 12 (Day) 1850 (Year)

8. AGE: Years 91 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12-31-45 (Date received local registrar) (b) Gertrude Sredhoette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-37290