S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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. 40373

FILED JAN -8 1943

Registration District No. 4943

Primary Registration District No. 5169

Registrar's No. 400

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Williamsburg Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James William Hamilton

3. (b) If veteran, name war r

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lillie Buch

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

7. Birth date of deceased Jan 12 th 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	16	hr. min.

9. Birthplace Macon Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Mail carrier

11. Industry or business

FATHER
12. Name John Hamilton
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Davis
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earlie Coil
(b) Address Williamsburg Mo

17. (a) Burial (b) Date thereof 12/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Augusta Cemetery

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) 12-30-1942 (b) Josie Morsinkhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 th
year 1942 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Feb 10th 1942 to Dec 28th 1942
that I last saw him alive on Dec 27th 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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 A. Hurd M.D. (M. D. or other)
Address Middletown Mo Date signed 12/15/42

1147

(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 on the 28 day of Dec 1942, Registered Apprentice No.,
working under my personal supervision.

C. W. Hopkins

Signed C W Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.