S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1113

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 296 296 48 3 8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2950 Myrtle / (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) 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2950 Myrtle (If rural, give location)

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

3. (a) PRINT FULL NAME Laura Jean Hamilton

3. (b) If veteran, name war no

3. (c) Social Security No. 513-18-8269

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edward Hamilton

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 3, 1916 (Month) (Day) (Year)

8. AGE: Years ~~25~~ 26 Months ~~7~~ 10 Days ~~15~~ 14 If less than one day hr. min.

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

10. Usual occupation Clerk at Medical Depot

11. Industry or business

FATHER
12. Name Samuel Miller
13. Birthplace Okla. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Girlie Cox
15. Birthplace Edwardsville Kansas (City, town, or county) / (State or foreign country)

16. (a) Informant Girlie Miller
(b) Address 2950 Myrtle Kansas Mo.

17. (a) ~~Quindaro~~ (~~Burial, cremation~~ or removal) (b) Date thereof Jan. 21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Quindaro Cemetery K.C.K.

18. (a) Signature of funeral director Alice Bailey
(b) Address 2065 N. 5th

19. (a) 1-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1943 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 2nd 1943, to 17th inclusive 1943; that I last saw her alive on Jan 17th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia — Duration 8 days

Due to Exposure

107

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? (Specify type of place) ✓

While at work? (e) Means of injury ✓

23. Signature Helena E. Eng (M.D. or other)

Address 708 E 13th Date signed 1-17-43

(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 Wm. G. Flynn

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th — K.C. 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.