

No. 2  
9-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2239

FILED FEB 8 1943

Registration District No. 121

Primary Registration District No. 5452

Registrar's No. 1

39  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural Bronolun  
(c) Name of hospital or institution  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME J. M. 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. Josephine Hamilton 6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased. 9 18-18-69  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 3 19 .....br. ....min.

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

10. Usual occupation merchant

11. Industry or business

MOTHER FATHER { 12. Name Riley Morris  
13. Birthplace (City, town, or county) (State or foreign country) 9  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Georg. M. Guine

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn, Springfield

18. (a) Signature of funeral director Morris Leina

(b) Address Cash Grove, Mo.

19. (a) Jan 9, 1943 (b) J. W. Louch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7  
year 43 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from last 7  
Nov 1942, to Jan 6th 1943  
that I last saw him alive on Jan 6th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Toxemia 3 wks  
Duration

Due to Carcinoma of Liver  
only thought for  
past 4 mos. MO

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 4/6  
Of autopsy none

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, or public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Charles H. Mitoffie (M. D. or other M. D.)  
Address ASH GROVE, MO Date signed 1-8-43

1254 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 43-0-120

Date Filed 2/5/43

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 Mrs Mauda O. Morris  
Licensed Embalmer No. 9055  
P. O. Address Ash Grove 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.