

FILED FEB 16 1943

State File No. _____

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Harrisonville, Mo.
(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 70 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville
(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 SIDNEY JOHNSTON HAMILTON

3. (b) If veteran, name war _____

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 7
1943, to Feb 7, 1943;
that I last saw him alive on Feb 7, 1943;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Marie Kerr Hamilton

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb 15 1871
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to _____

Due to gla

8. AGE: Years 71 Months 11 Days 23, If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name James Madison Hamilton

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

14. Maiden name Susan Samuels

15. Birthplace Cass Co Mo
(City, town, or county) (State or foreign country)

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? _____

23. While at work? _____ (Specify type of place)

23. Signature J. R. Lest (M-D. or other) _____
Address Harrisonville Mo Date signed Feb 9

16. (a) Informant Paul Hamilton

(b) Address 601 W 58th Kansas City Mo

17. (a) Burial (b) Date thereof 2-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryant Cemetery, Ballwin Mo

18. (a) Signature of funeral director RUNNENBERGER'S

(b) Address HARRISONVILLE, MO

19. (a) Feb. 9, 1943 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

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

19
0

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

MISSOURI

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 _____

Ernest R. Kuntz

Licensed Embalmer/No. _____

3368

P. O. Address _____

Harrisonville 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.