

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 14 1943
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 109

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ELLEN BRUNETTE HAMILTON
Nelen Brunetta Hamilton

(b) If veteran, name war ✓

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour 2:30 minute P M.

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: June 25 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 16 1943 to Feb 25 1943, that I last saw her alive on Feb 25 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 8 Days 0
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion
Hypertension

Due to _____

Due to _____

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

Duration Over one year
Several years

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

Major findings: none
Of operations 94 d

Of autopsy _____

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

10. Usual occupation Homekeeper

11. Industry or business _____

MOTHER FATHER

12. Name A. C. Starnett

13. Birthplace Doniphan Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Adaline Stevens

15. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. F. Starnett

(b) Address Nevada, Missouri

17. (a) Burial, cremation, or removal _____ (b) Date thereof Feb 27 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

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? _____

18. (a) Signature of funeral director Alben Starnett

(b) Address Nevada Missouri

19. (a) 3-3-43 (b) Boyd B. Bewick
(Date received local registrar) (Registrar's signature)

While at work? W. Stove (Specify type of place) (c) Means of injury _____

23. Signature W. Stove (M. D. or other) _____
Address Nevada, Mo Date signed 2/26/43

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

RECEIVED

District Health Officer No. 71

District File Number 3-43-22

~~District File Number 4-6-43~~

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 Allen V. Hays

Licensed Embalmer No. 18168

P. O. Address Nevada, 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, above space should be left blank.