

S. No. 2
1-144
5-17-39
X28330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14309

State File No. _____

Registrar's No. 316

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: St. George Hosp
(d) Length of stay: In hospital or institution April 9 - April 29
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(d) Street No. 1339 N. Mason
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Minnie Hamilton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 5. (g) Single, widowed, married, divorced married
6. (h) Name of husband or wife Horace Hamilton 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased Nov 30 1930

8. AGE: Years 62 Months 4 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Missouri

10. Usual occupation House wife

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown Missouri
14. Maiden name Unknown
15. Birthplace Unknown Missouri

16. (a) Informant Mrs. Lela Richey
(b) Address 912 W. Durison Springfield

17. (a) Burial (b) Date thereof April 25 1943
(c) Place: burial or cremation Hailey Cme

18. (a) Signature of funeral director Kelly - Ferrill
(b) Address Seymour Mo

19. (a) 424-43 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from 4-9-1943 to 4-22-1943 that I last saw him alive on 4-22-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

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

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Thom Beach (M. D. or other) _____
Address 4501 E. Central Date signed 4/29/43

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

MOTHER FATHER

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 H. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Seymour 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.