

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20803**

ED JUL 10 1943

Registration District No. **4**

Primary Registration District No. **5117**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Rural Cedar**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles N. E. of Ashland Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Rural** **10**
(If outside city or town limits, write "RURAL.")
(d) Street No. **4 miles N. E. of Ashland Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Missouri Ellen Hamilton**

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **James Hamilton** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 19 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William T Lopp**

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

14. Maiden name **Lavy Rusk**

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

16. (a) Informant **Carl Hamilton**

(b) Address **Ashland Missouri**

17. (a) **Burial** (b) Date thereof **6/27/1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Liberty Cent.**

18. (a) Signature of funeral director **W. F. L. Burnett**

(b) Address **Ashland MO**

19. (a) **July 6, 1943** (b) **Alice Estes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**
year **1943** hour **7** minute **15** P.M.

21. I hereby certify that I attended the deceased from **near**
1, 1943, to **June 25**, 1943
that I last saw him alive on **June 20**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to _____

Due to _____

Other conditions **83a**
(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) (e) Means of injury _____

23. Signature **H. B. Fryer** (M. D. or other)

Address **Ashland Mo** Date signed **6-25-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1244

(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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm C. Burnett
Licensed Embalmer No. 3564
P. O. Address Cashland Md

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.