DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21338

State File No.

Registration District No.

Primary Registration District No. 2000

Registrar's No. 505

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hr (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Missouri (b) County Webster O

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME NORMAN Lee HAMILTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 12 (Day) 1928 (Year)

8. AGE: Years 15 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business ~~J L Hamilton~~

MOTHER FATHER

12. Name J L Hamilton

13. Birthplace Webster Co (City, town, or county) Mo O (State or foreign country)

14. Maiden name Helen Crump

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

16. (a) Informant J L Hamilton

(b) Address Niangua Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Copening

18. (a) Signature of funeral director Rex Rainey

(b) Address Marshfield, Mo

19. (a) 6-23-43 (Date received local registrar) (b) O W E Hankey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1943 hour 11 minute 45 P M.

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

Immediate cause of death Basal skull fracture

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence June 21, 1943. 112

(c) Where did injury occur? Niangua (City or town) Webster (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Riding tractor on way to work (Specify type of place)

While at work? (e) Means of injury Skull Fracture

23. Signature [illegible] (M. D. or other) MD

Address Springfield Mo Date signed 6-21-43

(Licensed Embalmer's Statement on Reverse Side)

while overturned.

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 Lex Lacey

Licensed Embalmer No. 3312

P. O. Address Marshfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.