

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

ED SEP 9 1943
Registration District No. 294

Primary Registration District No. 4439

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clark

(c) Name of hospital or institution: at home

(If not in hospital or institution, write street number or location)

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

In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Clark

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Luther R. Hamilton

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 4 - 7 1943

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Fessie C. Hamilton

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: April 20, 1874

(Month) (Day) (Year)

that I last saw him alive on July 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial pneumonia following cerebral hemorrhage

Duration _____

8. AGE: Years 69 Months 3 Days 18

If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Randolph co. MO

(City, town, or county) (State or foreign country)

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

10. Usual occupation retired farmer

PHYSICIAN

11. Industry or business _____

12. Name Leroy Hamilton

13. Birthplace Randolph co. MO

(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Gibson

15. Birthplace Randolph co. MO

(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bessie Hamilton

(b) Address Clark, MO

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/10/43

(Month) (Day) (Year)

(c) Place: burial or cremation Oakland = probably MO.

18. (a) Signature of funeral director W. C. Thompson

(b) Address Madison, MO

19. (a) 8-10-43 (Date received local registrar) (b) Erma Wade (Registrar's signature)

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 R. B. Woods (M. D. or other) 8-9-43

Address Clark MO Date signed _____

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-43-1462

Date Filed SEP 8 1943

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

Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Madison, Wis.

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29129 EP 10

Registration District No. 294

Primary Registration District No. 4439

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clark
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Euther R. Hamilton

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased April 24 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 14 Year 1943
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction following cerebral hemorrhage Duration _____

Due to _____

Due to Myocardial infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 107

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

MOTHER FATHER

1973

29129