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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37530
Registrar's No. 157

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Tom Hamilton
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Hamilton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 19 _____ hr. _____ min.

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

10. Usual occupation Filling Sta. Operator

11. Industry or business Self Employed

MOTHER FATHER

12. Name Wilson A. Hamilton
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Mary Vivian
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom Hamilton
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas. Arnold, Jr.

(b) Address Mexico, Missouri

19. (a) 11/22/43 (Date received local certificate) (b) Margaret H. Machie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 817 E. Promenade
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1943 hour _____ minute 5:45 P. M.

21. I hereby certify that I attended the deceased from September 18, 1943, to November 20, 1943;
that I last saw him alive on November 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia (Terminal)
Cerebral Thrombus with hemiplegia - left,
Arterial sclerosis general

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

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

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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 J. D. Hanson (M. D. or D. O.)
Address 112 E. Monroe, Mexico, Mo. Date signed 11-22-43

10740 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-43-1949

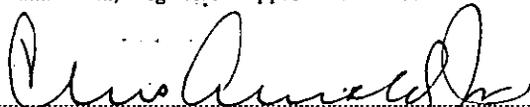
Date Filed

DEC 13 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



Licensed Embalmer No.

3569

P. O. Address

Truxis, Pa

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.