S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 11

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 38026

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Old Folks Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 45 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Mossouri (b) County Ray

(c) City or town Orrick
(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 George Edward Hamilton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy Hamilton

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

7. Birth date of deceased April. (Month) 5, (Day) 1860 (Year)

8. AGE: Years 83 | Months 8 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Near Richmond (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business ____

FATHER
12. Name Thomas Hamilton
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Reuel Hamilton
(b) Address Orrick Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.12.1943 (Month) (Day) (Year)
(c) Place: burial or cremation Orrick Mo.

18. (a) Signature of funeral director Claude Pritchard
(b) Address Excelsior Springs Mo.

19. (a) Nov-12-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1164

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 24, 1943 to Nov 10, 1943
that I last saw him alive on Nov 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation Duration 3 Mo 4 Days

Due to General arteria Longla sclerosis

Due to ____

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

93 el

Major findings:
Of operations None

Of autopsy No

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? none
(Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature G. D. Craven (M. D. or other)

Address Excelsior Springs Mo Date signed 11-12-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-2-43

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Excelsior Springs, 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.