

FILED MAR 6 1944

State File No. _____

Registration District No. 104

Primary Registration District No. 3022

Registrar's No. 19

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
311 W. Gay St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution no
(Specify whether)
 In this community 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson 51
 (c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
 (d) Street No. 311 W. Gay St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maggie Hamilton Adams
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 3
 year 1944 hour 6 minute 15 P.M.
 21. I hereby certify that I attended the deceased from
Jan 10 1943 to 2-3 1944
 that I last saw her alive on 2-3 1944
 and that death occurred on the date and hour stated above.

4. Sex Female / race White
 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced Widowed
 6. (c) Age of husband or wife if alive Decased years
 7. Birth date of deceased: Aug. 17 1858
(Month) (Day) (Year)

Immediate cause of death
myocarditis
 Due to Arteriosclerosis
 Due to Senility

Duration
7 days
10 1/2

8. AGE: Years 89 Months 5 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER {
 12. Name John Hamilton
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Unknown 9
(City, town, or county) (State or foreign country)
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 922
 Of autopsy _____

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

16. (a) Informant Mrs. H.O. Davis
 (b) Address Warrensburg, Mo
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof. 2-6-44
(Month) (Day) (Year)

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?
(Specify type of place)

18. (a) Signature of funeral director Sweeney Phillips
 (b) Address Warrensburg, Missouri
 19. (a) Feb. 4, 1944 (b) Seals M. Williams
(Date received local registrar) (Registrar's signature)

While at work? _____ (c) Means of injury _____
 23. Signature A. Lee Cooper (M. D. or other) _____
 Address Warrensburg, Mo Date signed 2-3-44

1001

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 Priest.....

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg, 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.