

7. S. No. 2
DOM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21572

FILED JUL 9 1944
Registration District No. 1916

Primary Registration District No. 4308

Registrar's No. 5

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Neel
(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) 1
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Hamilton

3. (b) If veteran, name war 0 3. (c) Social Security No. 2

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 2 6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased Oct 9 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 25 If less than one day hr. min.

9. Birthplace not known 9
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name not known 9

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known 9

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Wharton

(b) Address Neel Mo

17. (a) Burial (b) Date thereof 6-24th, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery, Joplin MO.

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman Mo.

19. (a) 6-22-44 (b) Maxim George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60
(c) City or town Neel Mo. 0
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st,
year 1944 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 7,
1944, to June 21, 1944
that I last saw him alive on June 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 4 years

Due to Chronic Myocarditis 3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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? MO.

(Specify type of place) While at work? (e) Means of injury
23. Signature Ed Fountain D. or other Mo
Address Neel Mo Date signed June 22

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

MOTHER FATHER

1309

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,
District File Number 744-794

Date Filed JUL 13 1944

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 *Marilla Drickett*

Licensed Embalmer No. *4166*

P.O. Address *Goodman m*

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.