V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25311

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 535

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: 318 E. 41st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 318 E. 41st Street 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles A. Hamilton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

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

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

7. Birth date of deceased January 1, 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation lawyer

11. Industry or business

FATHER 12. Name Henry S. Hamilton

13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margaret Wiseman

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Margaret Hamilton

(b) Address 318 E. 41st, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 7-8-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from May 6, 1944, to July 7, 1944, that I last saw him alive on July 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure

Due to Bronchitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Heilen (M.D. or other)

Address 521-W-4 Joplin Date signed 7-8-44

(Licensed Embalmer's Statement on Reverse Side)

1221

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

RECEIVED July 20

District Health Officer No. .....

District File Number 744-156

Date Filed July 21

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.