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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30139

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 3674

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hr (Specify whether

In this community 10 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 1026 East 12 (If rural, give location)

(e) Citizen of foreign country? U.S.A (~~Yes or No~~ no)

If yes, name country

3. (a) PRINT FULL NAME Evelyn-Alice-Hamilton

3. (b) If veteran, name war No

3. (c) Social Security No. 495-20-7563

4. Sex Female

5. Color or race White

6. (a) Single, ~~widowed~~, married, ~~divorced~~ unknown were about

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

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

7. Birth date of deceased Dec. 12 - 1909 (Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days 28 If less than one day 27 hr. min.

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

10. Usual occupation Hairress

11. Industry or business

FATHER
12. Name John F. Thompson
13. Birthplace Eldorado-Springs Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Manda Tennessee Pharm
15. Birthplace Eldorado Springs Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Smith Appleby

(b) Address 925 Riverview KCK

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) 9-11-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9 year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute sodium fluoride poisoning

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 163A

Major findings: Of operations

Of autopsy See above

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) Suicide

(b) Date of occurrence 9/9/44

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? No (e) Means of injury took rat poison

23. Signature A. C. Upsher (M. D. or other) MD

Address 23rd & McCoy Date signed 9/10/44

(Licensed Embalmer's Statement on Reverse Side)

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. 4-9-73

P. O. Address. KC 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.