

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 176

Registration District No. 177

Primary Registration District No. 5569

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
10010 E 65th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 10010 E 65th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Elizabeth Hamilton

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1943, to Sept. 19 1944
that I last saw her alive on Sept. 17 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Orville Craig Hamilton

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

7. Birth date of deceased April 25 1895
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia Duration 2 da

Due to Paralysis Cerebralis (spastic form) of 10 yrs

Due to Duration and confinement to bed 4 years.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Frankfort Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Martin VanBuren Smith

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

14. Maiden name Mary Elizabeth Craig

15. Birthplace Lebanon Indiana
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 107

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Stanley Hamilton

(b) Address 10010 E 65th Raytown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Charles H. Regent

(b) Address Raytown Mo.

19. (a) 9/21/44 (Date received local registrar) (b) Middlebush (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Luella R. Connor, D.O.
Address Raytown, Mo. Date signed Sept 20 1944

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

177

7

115

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

Clark Regent

Licensed Embalmer No. *3983*

P. O. Address *Raytown 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.