

FILED OCT 9 1944

Registration District No. _____

Primary Registration District No. 3052

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Pettis County

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

(c) Name of hospital or institution:
504 W. Pacific
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 28 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 504 1/2 Pacific
(If rural, give location)

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

3. (a) PRINT FULL NAME William Elizabeth Hamilton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 20 1944 to Sept 3rd 1944
that I last saw him alive on Sept 3rd and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mrs. Mary E. Hamilton 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 3 1861
(Month) (Day) (Year)

Immediate cause of death Compensation
Duration 10 days

8. AGE: Years Months Days If less than one day

83 5 6 hr. min.

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Train Porter

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Mary E. Hamilton

(b) Address 504 W. Pacific

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

(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director J.P. Allhand

(b) Address 400 W. Cooper

19. (a) 9/6/44 (b) Mrs. Anne Berger
(Date received local registrar) (Registrar's signature)

Due to Compensation

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 8211
Of operations _____

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? _____

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature J.P. Allhand (M. D. or other) _____
Address 104 1/2 W. 4th Date signed 9/6-44

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

4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-47

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 J J Alexander

Licensed Embalmer No. 4246

P. O. Address Sedalia 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.