

S. No. 2
M-9-4-41
Y. 5-17-39
PI X29484

38957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 20 1944

Registration District No. 330

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile east Sikeston
(If rural, give location)

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

3. (a) PRINT FULL NAME Cherry Christine Hamilton

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1944 hour eleven minute P M.

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased March 10 1926
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9 1944 to Oct 10 1944
that I last saw her alive on Oct 10 1944
and that death occurred on the date and hour stated above.

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

18 7 0 hr. min.

Immediate cause of death Diabetic Coma

Duration

9. Birthplace Houston Texas
(City, town, or county) (State or foreign country)

Due to

Due to

10. Usual occupation Housewife

Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER {

12. Name William Ratliff

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations Col

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Earl Hamilton

(b) Address U.S.M.C.

17. (a) Burial (b) Date thereof 10-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

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?

18. (a) Signature of funeral director Omilla Taylor

(b) Address Sikeston, Mo.

19. (a) 10/10/44 (b) Louise Laegre
(Date received local registrar) (Registrar's signature)

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

23. Signature L. H. Hientel md (M. D. or other)
Address Sikeston, Mo Date signed 10-30-44

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

00
25

Memorandum

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1144-1548

Date Filed 11-15-44

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

Alfred W. Green

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff, 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.