

Registration District No. **149**

Primary Registration District No. **1002**

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: **Osteopathic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
In this community **23 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4201 Highland Ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William P. Hamilton**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **486-07-5571**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Ella M. Hamilton** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **February 29th 1884**
(Month) (Day) (Year)

8. AGE: Years **60** Months **9** Days **24** If less than one day hr. min.

9. Birthplace **Moline, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Photo Engraver**
Kansas City Star

11. Industry or business
MOTHER FATHER } 12. Name **George Hamilton**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth O'Donnells**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella M. Hamilton**
(b) Address **4201 Highland Avenue**

17. (a) **Burial** (b) Date thereof **12-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**

19. (a) **12-14-44** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13th**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **9 pm - 12-12-44**
1944 to **12-13-44**, 19.44
that I last saw ~~him~~ **her** alive on **8:00 pm - 12-12-44**, 19.44
and that death occurred on the date and hour stated above.

Immediate cause of death **bilateral lobar pneumonia**
Duration _____

Due to **upper respiratory infection**

Due to **bilateral hydrocephrosis**
Other conditions **right chronic pyelo nephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **bilateral lobar pneumonia**
multiple abscesses of right kidney
probable hypertension

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 **2**

23. Signature **J. N. Sullivan** (M. D. or other)
Address **720 Bryant Blvd** Date signed **12-14-44**

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

Del. Br. 2462

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 *Emu C. Rudelin*.....

Licensed Embalmer No. *3495*.....

P. O. Address. *P. O. 710*.....

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.