

FILED JAN 11 1945

Registration District No. 1

Primary Registration District No. 3000

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

1. PLACE OF DEATH:  
(a) County ADAIR  
(b) City or town Fultonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4  
In this community 6 months years, months or days (Specify whether)

3. (a) PRINT FULL NAME EMMA MAY HAMILTON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F | 5. Color or race W  
6. (a) Single, widowed, married, divorced S. U  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 10 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 12  
If less than one day hr. min.

9. Birthplace Morgan Co. Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Shelton Hamilton  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Kirkwood  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Hamilton  
(b) Address 706 E. Line St

17. (a) Burial (b) Date thereof 12-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park  
18. (a) Signature of funeral director Summers House  
(b) Address 1 Kirkville Mo

19. (a) 12-26-44 (b) Mrs J. L. Waynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 909 E Normal  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1944 hour 10 minute P M.  
21. I hereby certify that I attended the deceased from June 22 1944 to Dec 22 1944.  
that I last saw her alive on Dec 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Vaso-motor collapse 10 hours  
Due to Sepsis of Carcinoma of face 8 years

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 53  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury 2  
23. Signature M. T. Gutenshu (Physician or other) DO  
Address Kirkville Mo Date signed 12-22-44

RECEIVED

District Health Officer No. 10

District File Number 1-45-77

Date Filed JAN-9-1945

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

*W. C. Sumner*

Licensed Embalmer No. 2159

P. O. Address Rockville

**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.**