

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Proberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
515 Monroe St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Proberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 515 Monroe St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME JOHN HENSON HAMILTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lucy D. Hamilton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March-1-1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Farmer

11. Industry or business _____

12. Name Zachariah Hamilton
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Spurling
 15. Birthplace Randolph Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Hamilton
 (b) Address 515 Monroe Proberly MO.

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

(c) Place: burial or cremation Centralia MO.

18. (a) Signature of funeral director Proberly
 (b) Address Proberly MO.

19. (a) 12-15-44 (b) Irma Kave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th
 year 1944 hour 11 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Dec 10 1944
_____, 19_____, to Dec 13, 1944
 that I last saw him alive on Dec 13, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage
Duration 2 da

Due to g20

Due to _____

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

Major findings:
 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, in industrial place, in public place?

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

23. Signature W. H. McCornick D.O. (M. D. or other) _____
 Address 300 1/2 Reed St. Date signed 12-13-44

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

88
6
3

RECEIVED

District Health Officer (M.D.)

File No. 1-45-125

JAN 12 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..... *R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.