

**FILED JAN 13 1945**  
Registration District No. **334**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Marshall**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**783 East Eastwood**  
(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 **Since 1935**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**  
(c) City or town **Marshall** **1**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **783 East Eastwood**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **17**

3. (a) PRINT FULL NAME **George Wilson Hamilton**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Heuerman Hamilton** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
**Sept. 9th, 1869**

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**75 3 19** hr. min.

9. Birthplace **Washington county Pa.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **George Washington Hamilton**  
13. Birthplace **Pa.** (City, town, or county) (State or foreign country)  
14. Maiden name **W. H.**  
15. Birthplace **Owensville Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Harry H. Hamilton**

(b) Address **783 East Eastwood, Marshall, Mo.**  
17. (a) **Removal** (b) Date thereof **Dec. 30, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chicago, Illinois**

18. (a) Signature of funeral director **Campbell-Paine**  
(b) Address **Marshall, Mo.**

19. (a) **12-28-44** (b) **Mo. T. Overbrook**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**  
year **1944** hour **9:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Dec. 25**, 19**44**, to **Dec. 28**, 19**44**,  
that I last saw him alive on **Dec. 25**, 19**44**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Arteriosclerosis**  
**Diabetes mellitus**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **61**

Duration \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature **W. H. Paine** (M. D. or other) **0**  
Address **Marshall, Mo.** Date signed **12-28-44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-45

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. W. Campbell Jr.*

Licensed Embalmer No.

3467

P. O. Address

*Marshall 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.