

FILED FEB 13 1945

State File No. _____

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Monroe

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Paris 69
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) _____

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

3. (a) PRINT FULL NAME Mary Emeline Hamilton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Alfred Hamilton 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased 1-29-1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 24
year 1945 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from 2:00 to Jun 24 1945
and that I last saw him alive on Jun 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death MI - 5th branch

Duration 7 1/2 hr

8. AGE: Years 84 Months 11 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business Change food

12. Name Leahle

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

14. Maiden name Levina Bryson

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

16. (a) Informant E. Hamilton
(b) Address Paris mo

17. (a) buried (b) Date thereof 1-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director Freda Thompson
(b) Address no

19. (a) 1-28-45 (b) Maxyn Galt
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

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, on farm, in industrial place, in public place? _____

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

23. Signature Geo W. Kelly (M. D. or other) _____
Address Paris mo Date signed 6-24-45

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

9
0
0

137 F

RECEIVED

District Health Officer No. 10

District File Number 2-45-292

Date Filed FEB 11 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 *Mrs. Julia Thompson*

Licensed Embalmer No. *3282*

P. O. Address. *Madison, 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.