

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16, 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercur

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Madison Township
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Carlson Sue Hamilton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1945 hour 11 minute 00 AM.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Jan 9 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1-20, 1945, to Jan 20, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>11</u>	hr. min.

Immediate cause of death: Permatone birth + complications

Due to.....

Due to.....

9. Birthplace Merionton Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

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

Major findings:
Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name Howard E. Hamilton

13. Birthplace Grundy Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Keta Kinnison

15. Birthplace Mercur Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Joe Hamilton

(b) Address Mill Grove Mo.

17. (a) Rural (b) Date thereof Jan 21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Cem Mercur Co Mo

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?.....

18. (a) Signature of funeral director Spencer

(b) Address 1-24-45

19. (a) J. S. Roberts
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other)
Address Mercur Mo Date signed 1-20-45

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

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..... *Ross Wise*

Licensed Embalmer No. *3971*

P. O. Address *Spickard 710*

Not Embalmed

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.