

FILED MAR 16 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 4185

Registrar's No. \_\_\_\_\_

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

6  
3  
0

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin

(c) City or town St. Clair  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Alexander Hamilton

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

MEDICAL CERTIFICATION

DATE OF DEATH: Month Feb day 12 year 1945 hour 10 minute 2 M.

4. Sex male 5. Color or race w

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

6. (b) Name of husband or wife IRA 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: 4-9-1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan-20-1944 to Feb-11-45 that I last saw him alive on 2-11-45 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory Infection

8. AGE: 84 Years 9 Months 27 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Franklin Co. Mo  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired farmer

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

12. Name Brown Hamilton

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

14. Maiden name Elizabeth James

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

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: ZZA

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Beets

(b) Address St. Clair Mo

17. (a) Burial (b) Date thereof Feb-8-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellows Cemetery

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 Sumner Kitchell

(b) Address St. Clair Mo

19. (a) 2/7/1945 (b) P. J. King Sr.  
(Date received local registrar) (Registrar's signature)

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

Means of injury \_\_\_\_\_

23. Signature W. E. Stuebel (M. D. or other) \_\_\_\_\_  
Address St. Clair Date signed Feb 11 1945

1120

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-15-45

**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 Sheldon H. Hatcher  
Licensed Embalmer No. 3873  
P. O. Address St Clair 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.**