

**FILED APR 19 1945**  
Registration District No. **4358**

Primary Registration District No. **4358**

Registrar's No. **108**

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution NO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)

In this community about 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Libbourn 72  
(If outside city or town limits, write "RURAL")

(d) Street No. 2  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIJAH HAMILTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1945 hour 7:20 minute A.M.

21. I hereby certify that I attended the deceased from ✓ 19   to ✓ 19  ;  
that I last saw h. ✓ alive on    19  ;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race BROK

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

6. (b) Name of husband or wife Lillie B. Hamilton

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 28 - 1894  
(Month) (Day) (Year)

Immediate cause of death No medical attendant by all record death was due to apoplexy

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

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

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

8. AGE: Years Months Days If less than one day

61 2 1    hr.    min.

9. Birthplace unk La. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm work

11. Industry or business ✓

12. Name Henderson Hamilton

13. Birthplace unk La. 1  
(City, town, or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Lillie B. Hamilton

(b) Address Libbourn

17. (a) Burial (b) Date thereof 3-30-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamie Powell

18. (a) Signature of funeral director Richard And Co

(b) Address New Madrid, Mo

19. (a) 4-2-45 (b) Mrs. J. L. Pared  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 830

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

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 Lio Helguth Carson (M. D. or officer)  
Address New Madrid, Mo Date signed 3/30/45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

2  
2  
6

1276

RECEIVED

District Health Office No. 2,

District File Number 445,616

Date Filed 4/11/45

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 Leo Hedgcock.....

Licensed Embalmer No. 3803.....

P. O. Address New Madrid, 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.**