

S. No. 2
M-8-43
v. 5-17-39
I X37823

14788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1945

Registration District No. 336

Primary Registration District No. 6209

Registrar's No. 17

1. PLACE OF DEATH

(a) County Texas
(b) City or town Rural Precy Twp
(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 all of her life years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARY ANGELINE HAMILTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Floyd Hamilton 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 3 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Matthew Corn

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

14. Maiden name Matilda Fry

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

16. (a) Informant Arch Hamilton

(b) Address Solo Mo

17. (a) Burial (b) Date thereof 4/8/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Solo

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston Mo

19. (a) 4/20/45 (b) Mrs. Ethel Duff (Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 7 miles South of Houston (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1945 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from JUNE 30 1938 to APR. 6 1945 that I last saw her alive on APR. 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death CACHEXIA FROM

Due to CARCINOMA OF

Due to COLON WITH

Other conditions METASTASES TO LIVER (Include pregnancy within 3 months of death)

Major findings: Of operations H&P 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 F. M. Dellman (M. D. or other) H.O.

Address Houston Mo Date signed 4-7-45

1240 (Licensed Embalmer's Statement on Reverse Side)

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

07
00
0

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 545-248

Date Filed 5-10-45

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 Gaylord Elliott
Licensed Embalmer No. 2252
P. O. Address Carol 800

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.