

U.S. No. 2
M-1-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

19773

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 13 1945

Registration District No. 5

Primary Registration District No. 5019

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Lincoln
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Edna A Hamilton

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

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Hamilton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23rd 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name Jesse Goerge
13. Birthplace Unknown
14. Maiden name Mary A Walby
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Leah Hamilton
(b) Address Blanchard

17. (a) Removal (b) Date thereof June-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blanchard, Iowa

18. (a) Signature of funeral director [Signature]
(b) Address Westboro, Missouri

19. (a) July 5-45 (b) Mrs. H. P. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 13 1945 to June 27 1945
that I last saw her alive on June 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
arterio sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations [Signature]
Of autopsy _____

Duration
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 L. M. Boyle (M. D. or other) no
Address Marquett Mo Date signed 7/1/45

1329

(Licensed Embalmer's Statement on Reverse Side)

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

300

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

STATEMENT BY LICENSED EMBALMER

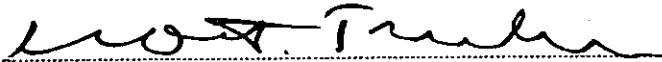
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2359

P. O. Address **Westboro, Missouri**

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.