V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1945

State File No. 38277

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.
(c) City or town Perry, Missouri.
(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 Eli Jefferson Hamilton.
3. (b) If veteran, name war
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Mary Brown Hamilton.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July, 8, 1855 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	3	18	hr. min.

9. Birthplace Nicholas County, Kentucky.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business Farm.
FATHER
12. Name Jas Graham Hamilton
13. Birthplace Nicholas County, Kentucky.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Druzilla Jackson.
15. Birthplace Nicholas County, Kentucky.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs G. B. Young
(b) Address Perry, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia, Missouri.
18. (a) Signature of funeral director Clyde Wilsey
(b) Address Perry, Missouri
19. (a) 10/29/45 (Date received local registrar) (b) Clyde Wilsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 26th, year 1945 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 9, 1945, to Oct. 26, 1945; that I last saw him alive on Oct. 25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 162 N	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature E. T. Swan (M. D. or other) D.O.
Address Perry, Missouri Date signed 10/29/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1764
Date Filed NOV 27 1945

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 H M Odonnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.