

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

41475

State File No.

Registration District No. 156

Primary Registration District No. 20015581

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural Galena Township
(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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles northwest of Joplin
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Andrew Thomas Hamilton

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lella R Hamilton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 1, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace No record (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name no record
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____
 14. Maiden name no record
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mrs Lella R Hamilton
 (b) Address Route #3, Box 195, Joplin

17. (a) Burial (b) Date thereof 12-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-8-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
 year 1945 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug 29 1945 to Dec 7 1945
 that I last saw him alive on Nov. 29 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Unborn?
 Due to (?)

Due to _____
 Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____
 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 [Signature] (M. D. or other) _____
 Address Joplin Mo Date signed 12/10/45

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

45-12-987

JUN 16 1952

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 F. M. Jones

Licensed Embalmer No. 21319

P. O. Address Joplin 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.