

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

2348

FILED FEB 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scott
 (c) City or town Panama
(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 unnamed
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 25 year 1945 hour 3 minute 15 P.M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from on 12/25, 1945, to 12/25, 1945, that I last saw him alive on 12/25, 1945, and that death occurred on the date and hour stated above.

7. Birth date of deceased 12-25-45
(Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day 13 hr. _____ min.

Immediate cause of death atelectasis
 Due to _____
 Due to _____

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

Other conditions X
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation _____
 11. Industry or business _____

MOTHER, FATHER
 12. Name Roran N Hamilton
 13. Birthplace Okla
(City, town, or county) (State or foreign country)
 14. Maiden name Lillian Moore
 15. Birthplace Clarksville Ark
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
1612

16. (a) Informant Miss Jessie Moore
 (b) Address Panama Mo
 17. (a) Burial (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Verant G. Home
 (b) Address Panama Mo
 19. (a) 1-8-1946 (b) F. G. Summers
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury _____
 23. Signature J. A. Clive (M. D. _____)
 Address Panama Mo Date signed 12/25/45

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

Officer No. 4
District File Number 246-164
Date Filed 2-7-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.