

FILED MAR 9 1946

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jefferson Brown Hamilton

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Sara Hamilton 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 4 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 15 hr. min.

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

10. Usual occupation Retired merchant

11. Industry or business.....

12. Name Geo. Wilson Hamilton

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

14. Maiden name Felicia Brown

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

16. (a) Informant William Hamilton

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 2/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest

18. (a) Signature of funeral director Glen Mauhin

(b) Address 712 Court, Fulton, Mo.

19. (a) 2-21-1946 (b) Jouis Moraukhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1946 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Mar 27, 1946 to 2-20, 1946; that I last saw him alive on 2-18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 1/2 mo.

Due to Myocardial Degeneration 3 yrs

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... 930

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (b) Means of injury.....

23. Signature John J. Brown (M. D. or other) MD.

Address Fulton Mo. Date signed 2-23-46

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

3804

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3846

OCT 3

1946

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 Glen Y. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.