

FILED FEB 20 1946

Registration District No.

Primary Registration District No. 3026

Registrar's No. 18

1. PLACE OF DEATH: Jackson

(a) County Independence

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours
3 years (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 2106 Scott 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DALE CLARENCE HAMILTON

3. (b) If veteran, none name war

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive. Missouri 19 years

7. Birth date of deceased: Kansas City 10 (Month) 7 (Day) 42 (Year)

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

9. Birthplace: Kansas City Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name Joseph E. Hamilton 0

13. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Fickett

15. Birthplace Oak Wood Oklahoma 1
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Hamilton

(b) Address 2106 Scott

17. (a) Removal (b) Date thereof 1-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harper Kansas

18. (a) Signature of funeral director: Independence Missouri

(b) Address

19. (a) 1-15-46 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th 1946 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 6 1945 to Jan 15 1946; that I last saw him alive on Jan 15 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Respiratory Failure

Due to Rabies

Due to Note: Received 20 doses of Rabies vaccine immediately following injury

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy: Autopsy not performed

PHYSICIAN: [Signature]

Indicate 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) Dog Bite 120

(b) Date of occurrence Dec 6 1945

(c) Where did injury occur? Independence Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street near home

While at work? (Specify type of place) (e) Means of injury Dog bite

23. Signature: Harold V. Woods M.D. (M. D. or other) 0
Address: Independence Mo. Date signed: 1/15/46

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

4971

4

120

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..... *Dean Owens*

Licensed Embalmer No. *4288*

P. O. Address *Indep. 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.