

S. No. 2
DM-2-43
v. 5-17-39
I X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26444

FILED SEP 14 1946
42
Registration District No. 42

Primary Registration District No. 4065

State File No. _____

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Polo
(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 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Polo
(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 Ethel Mae Hamilton

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

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

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

7. Birth date of deceased March 4 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace Enid Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Robert Hartsock

12. Name Robert Hartsock

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

14. Maiden name Naomi Thost

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

16. (a) Informant Lillian Hoeklander

(b) Address Polo Mo

17. (a) Burial (b) Date thereof 8 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highville, S.C. Mo

18. (a) Signature of funeral director Dispatch & Cooley

(b) Address Polo Mo

Aug 8, 1946 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 3rd, year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 21, 1946, to Aug 31, 1946.

that I last saw her alive on Aug 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 3 hrs

Due to Dental infection following Extraction of teeth. 3 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 115A

Of autopsy _____

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 fall

23. Signature: Ethel Mae Hamilton (M. D. or other)

Address Polo Mo Date signed 8-6-46

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

25230

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

DISTRICT HEALTH OFFICE
Camden, Mo.

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.