

FILED SEP 25 1946

Registration District No. _____ Primary Registration District No. 476 Registrar's No. 28

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

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin 35
 (c) City or town Malden 3
(If outside city or town limits, write "RURAL")
 (d) Street No. Gen. Del. 1
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Horatio Jack Hamilton
 3. (b) If veteran, name war Unknown 3. (c) Social Security No. unknown
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced unk. 9
 6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive unk. years
 7. Birth date of deceased August 7 1882
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
64 1 11 -- hr. -- min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 18
 year 1946 hour 3 minute 30 A.M.
 21. I hereby certify that I attended the deceased from May 30th
1946 to Sept 18th 1946
 that I last saw him alive on Sept 18 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of the heart Duration 5 mo
 Due to _____
 Due to _____

9. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 10. Usual occupation Operator Photo Shop
none
 11. Industry or business _____
 MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown unk. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace unk. unk. 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr. J. R. Hill
 (b) Address Malden, Mo.
 17. (a) Burial (b) Date thereof 9-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Cemetery
 18. (a) Signature of funeral director Day Funeral Home
 (b) Address Malden, Mo.
 19. (a) 7-19-46 (b) J. S. Schuman
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 920
 Of operations _____
 Of autopsy _____
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?

(Specify type of place)
 While at work? _____ Means of injury _____
 23. Signature S. B. Mitchell (M. D. or other) MD
 Address Malden Mo Date signed 9/18/46

RECEIVED

District Health Office No. 2,

District File Number 946-1150

Date Filed 9-24-46

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 J. G. Shuman
Licensed Embalmer No. 4086
P. O. Address Malden, 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.