

No. 2
12-45
17-39
X47076

State File No. _____

FILED OCT 16 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4173

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Minutes
(Specify whether)

In this community 5 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Montrose Hotel, 40th. & Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

48
3
8
0

3. (a) PRINT FULL NAME CHARLES L. HAMILTON

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2
year 1946 hour 3:32 minute 0 P. M.

21. I hereby certify that I attended the deceased from Roanoke, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased February 17th 1888
(Month) (Day) (Year)

Immediate cause of death _____

Skull fracture
sub-arachnoid hemorrhage
Due to Fractured Ribs

Due to _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

58 7 15 _____ hr. _____ min.

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Advertising

12. Name John Hamilton

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

14. Maiden name Amelia Isenhardt

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

16. (a) Informant Robert G. Hamilton

(b) Address 16 1/2 Westport Road

17. (a) Removal (b) Date thereof 10 - 3 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 10-3-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy yes - as above

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

(a) Accident, suicide, or homicide (specify) Do not know

(b) Date of occurrence 10-2-46

(c) Where did injury occur? K.C. Jackson mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home
(Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature Jammoulter (M. D. or other) _____

Address 1424 West 14th Date signed 10-3-46

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

DEC 17 1945

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.....

Walter H. Erwin

Licensed Embalmer No.....

4352

P. O. Address.....

Kansas City, 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.