S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2139

FILED FEB 5 1947

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution No (Specify whether
In this community Six Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Kice Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Hamilton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie Belle Hamilton

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 25, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	0	17	hr. min.

9. Birthplace Carthage, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Hamilton, Sr.
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Celia Lee
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Belle Hamilton
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 1/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Mo.

19. (a) Jan 13 - 47 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1947 hour 4 minute 13 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to Jan 12, 1947
that I last saw him alive on Jan 12, '47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	12 days
Due to Arterial Sclerosis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 A

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? (e) Means of injury 2

23. Signature Dr. E. G. Kerr A.B. D.O. (M. D. or other)

Address Richmond, Mo. Date signed Jan 12, 47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Center No. 8,
District File Number
Date Filed 1-25-47

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 [illegible]

Licensed Embalmer No. 4064

P. O. Address Richmond, Va.

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.