

No. 2
-5-17-39
I X36671

FILED MAR 3 1947

Registration District No. 46

Primary Registration District No. 4063

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

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

(d) Street No. W. School
(If rural, give location)

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

3. (a) PRINT FULL NAME Hattie Marshall

3. (b) If veteran, name war _____

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1947 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-24
1947, to 17 Feb 1947
that I last saw her alive on 1-24 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife not known

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Apr 9 1855
(Month) (Day) (Year)

Immediate cause of death Cerebral accident
Duration 1 day

8. AGE: Years 91 Months 9 Days 22 If less than one day _____

9. Birthplace Wheeling W. Va.
(City, town, or county) (State or foreign country)

Due to Hypertension Heart
Cerebrovascular Disease

Due to _____

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name not known

{ 13. Birthplace not known
(City, town, or county) (State or foreign country)

{ 14. Maiden name not known

{ 15. Birthplace not known
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Homer Mason

(b) Address Hamilton Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof July 4-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Bur. Hamilton Mo.

18. (a) Signature of funeral director Bruce Farris Bone

(b) Address Hamilton Mo.

19. (a) Feb 14/47 (b) Cladys Jones
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Frank R. Doley (M. D. or other MD)
Address Hamilton, Mo. Date signed 2-7-47

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**DISTRICT HEALTH OFFICE
Cameron, 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.....

R. Lester Brann....., Registered Apprentice No. *456*
working under my personal supervision.

Signed *R. L. Brann*.....

Licensed Embalmer No. *3052*.....

P. O. Address *Hamilton 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.