

S. No. 2
-12-45
5-17-39
P.1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12096**
Registration District No. **330**
Primary Registration District No. **117B**
Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County **Scott**
(b) City or town **Jillmo**
(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 **11 1/2 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Scott** **100**
(c) City or town **Jillmo** **0**
(If outside city or town limits, write "RURAL") **0**
(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 **Lona Elizabeth Hamil**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Apr**, day **4**, year **1947** hour **6** minute _____ P.M.
21. I hereby certify that I attended the deceased from **Apr 1** 1947, to **Apr 4** 1947, that I last saw her alive on **Apr 2** and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **William A Hamil**
6. (c) Age of husband or wife if alive **✓** years
7. Birth date of deceased **July 14, 1875**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary embolism in thrombosis**
Due to _____
Duration _____

8. AGE: Years **71** Months **8** Days **20** If less than one day hr. _____ min. _____

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

9. Birthplace **Obion Co Tenn**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Keeper**

11. Industry or business _____
12. Name **Harmon**
13. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Mills**
15. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Arthur Hamil**
(b) Address **Jillmo Mo**
17. (a) **BURIAL** (b) Date thereof **April 6, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rock Hill Stoddard, Mo**

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? _____

18. (a) Signature of funeral director **Bisplinghoff Funeral Home**
(b) Address **Jillmo, Mo**
19. (a) **Apr 5-47** (b) **S. D. Hamil**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **S. D. Hamil** (M. D. or other) **M.D.**
Address **Jillmo Mo** Date signed **Apr 5-47**

RECEIVED

Director of Health Office No 2,

District File Number 447-5-14

Date Filed 4-8-47

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.....

Alfred C. Amick

Registered Apprentice No. 455

working under my personal supervision.

Signed.....

Mamie Dupling

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.