V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13474

FILED MAY 5 1947

Registration District No. 1997 Primary Registration District No. 1002 Registrar's No. 1820

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: 309 NOLAWN AVENUE
(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 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOUR. (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 309 NOLAWN AVENUE 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 6
If yes, name country - - - - - -

3. (a) PRINT FULL NAME GEORGE EDWARD HAMLEY
3. (b) If veteran, name war NO
3. (c) Social Security No. 496-09-4733
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ELIZABETH A. HAMLEY
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY (Month) 8 (Day) 1874 (Year)
8. AGE: Years 72 Months 9 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace REEDSVILLE. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER
12. Name GEORGE A. HAMLEY
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name MARY JANE FLACKMAN
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant William A. Hill
(b) Address 309 No Lawn
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY
18. (a) Signature of funeral director D. W. Newcomer Son
(b) Address 1401 Brush Creek K. C. Mo
19. (a) 4-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21 ST year 1947 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec. 19 Dec 19 1947 to April 21st 1947 that I last saw him alive on April 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 8316	

Major findings:
Of operations None
Of autopsy None

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) 0
While at work? (e) Means of injury
23. Signature Walter Simmons (M. D. or other) M.D.
Address 4620 Indep. Ave. Date signed 4-21-47

(Licensed Embalmer's Statement on Reverse Side)

4620 Independence Ave
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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 John E. Smoking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City.

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.