

FILED MAY 19 1947
Registration District No. 277

Primary Registration District No. 5950

Registrar's No. 17

1. PLACE OF DEATH

(a) County Pike
(b) City or town New Hartford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town New Hartford
(If outside city or town limits, write "RURAL")
(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 William J. Hamlett

3. (b) If veteran, name war X 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 Hellie Hamlett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 11 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months X Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co Mo.
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business X

MOTHER FATHER { 12. Name Wm Hamlett
13. Birthplace Virginia
14. Maiden name Altha Buford
15. Birthplace Virginia

16. (a) Informant Mrs. Hellie Hamlett

(b) Address New Hartford Mo

17. (a) Burial (b) Date thereof May 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo

18. (a) Signature of funeral director Walter Bankhead
(b) Address Bowling Green Mo

19. (a) 5-10-47 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1947 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Sept. 30th 1943 to May 6th 1947;
that I last saw him alive on May 6 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____

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

Major findings: 938
Of operations _____
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J B Brien M.D. (M. D. or other)
Address Bowling Green Mo Date signed 5/9/47

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

RECEIVED
District Health Officer No. 10
District File Number 5-47-856
Date MAY 16 1947

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 C. A. Raaf

Licensed Embalmer No. 3044

P. O. Address Burlington

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.