

8. No. 2  
-12-45  
5-17-39  
I X47070

**FILED SEP 29 1947**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1144

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

**1. PLACE OF DEATH:**

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 5 weeks

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County Buchanan

(c) City or town St Joseph mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 2203 Sylvan  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** GEORGE W. HAMILTON

3. (b) If veteran, name war —

3. (c) Social Security No. Not stated

4. Sex male 5. Color or race Negro

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

6. (b) Name of husband or wife Mattie

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

7. Birth date of deceased Dec 27 1875  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>25</u>	hr. _____ min.

9. Birthplace Palmyra mo  
(City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business F. J. M. Donald

12. Name Henry Hamilton

13. Birthplace Uxalia Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Lancaster

15. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant William Hamilton

(b) Address 2203 Sylvan

17. (a) burial (b) Date thereof Sept 25 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownville mo

18. (a) Signature of funeral director Beatrice May

(b) Address 813 Pacific

19. (a) 9-26-47 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 22 year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1947, to Sept 22, 1947 that I last saw h. i. m. alive on Sept 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema + congestive

Due to pulmonary congestion

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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)

(e) Means of injury \_\_\_\_\_

23. Signature W. M. Jacobberger (M. D. or other) 20.10

Address 411 Turkpatrick Bldg Date signed 22-9-47

**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 Earl A. Clark

Licensed Embalmer No. 41238

P. O. Address St. Joseph, 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.**