

FILED OCT 22 1947

Registration District No. 67

Primary Registration District No. 5247

Registrar's No. 58

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural - Salisbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi S.W. Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S.W. of Salisbury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Hoyle Hamilton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased December 22 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Linn County Mo
(City, town, or county) (State or foreign country)
10. Usual occupation retired farmer

11. Industry or business _____
12. Name Maxtin Hamilton
13. Birthplace W.Va
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wright
15. Birthplace W.Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martin Hurt
(b) Address Salisbury Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-47
(Month) (Day) (Year)
(c) Place: burial or cremation Asbury

18. (a) Signature of funeral director: Geo B. Winkelman
(b) Address Salisbury Mo
19. (a) 10-10-47 (Date received local registrar) (b) Ed Hamilton (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 24
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct. 20,
1947 to Sept. 14, 1947
that I last saw him alive on Sept. 14, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Cerebral sclerosis
Due to Generalized arteriosclerosis
Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy 870

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 J. L. Johnson (M. D. or other) MD
Address Salisbury, Mo. Date signed 10-7-47

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

21
0
0

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

10-21-47

OCT 26 1948

OCT 22 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

Licensed Embalmer No. 21280

P. O. Address Salisbury

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.