

FILED FEB 11 1948

Registration District No. 3023

Primary Registration District No. 3023

State File No.

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Cleaton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Welzel Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Obe G. Hamilton

3. (b) If veteran, name war no 3. (c) Social Security No. --

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel Hamilton 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased: January 23 1887  
(Month) (Day) (Year)

8. AGE: 61 Years - Months 6 Days If less than one day hr. min.

9. Birthplace Blue Springs Missouri (State or foreign country)  
Traveling Salesman

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name Tom Hamilton  
13. Birthplace Silsby Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Unknown (City, town, or county) (State or foreign country)  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Hamilton

(b) Address Osceola Missouri R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director F.B. Goodrich

(b) Address Osceola Missouri

19. (a) 2-1-48 (Date received local registrar) (b) R.R. Kerney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 8 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 29  
year 1948 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from 12/1/48 to 1/29/48  
that I last saw him alive on 1/29 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration 48

Due to Chronic Nephritis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Ethel Hamilton M.D. or other Address Cleaton Mo Date signed 1/30/48

RECEIVED  
District Health Officer No. 7,  
District File Number 1-#8-37  
Date Filed 2-9-48

### 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

*J. B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Quebec 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.