

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

301

Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6208 E 12th St., /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether)
 In this community 4 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 6208 E 12th St.,
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. ANNIE HAMILTON

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

4. Sex Fem 5. Color of race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wm. E. Hamilton 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased 3/29/1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Bay City, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

12. Name Paul McKeska

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

14. Maiden name Mary Parsons

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

16. (a) Informant Mrs. E. C. Booker

(b) Address 6024 E 12th St.,

17. (a) Burial (b) Date thereof 1/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director John P. Shell

(b) Address Kansas City, Mo.

19. (a) 1-22-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Jan year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 19 48 to Jan 21 19 48
 that I last saw her alive on Jan 21 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to arteriosclerosis

Due to Chronic Nephritis
Encephalitis

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

Major findings: Of operations ✓ 131a

Of autopsy ✓

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 M. Dewell (M. D. or other) MD

Address 1722 W 39 Date signed 1-22-48

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

MOTHER FATHER

Dr. M. F. Sewell
1722 W 39th St.,
After 2 P M
Tel. Va-5883

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

John P. Sheel

Licensed Embalmer No. 3625

P. O. Address

Kansas City 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.