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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4382**

FILED MAR 5 1948
Registration District No. **86**

Primary Registration District No. **5322**

Registrar's No. **7-1948**

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Benton Township "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 Mi. No. on Maple Shade Road /
(If not in hospital or institution, write street number or location)

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

In this community 7 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison **999**

(c) City or town Wood River Township "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 2715 Grandview Ave.
(If rural, give location)

(e) Citizen of foreign country? No **52**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Edwin Hamilton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male Female

5. Color or race White

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

6. (b) Name of husband or wife Anna Mary Hamilton

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

7. Birth date of deceased: June 16 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Painter, Retired

11. Industry or business Building

MOTHER FATHER { 12. Name William Hamilton

{ 13. Birthplace Madison County, Illinois
(City, town, or county) (State or foreign county)

{ 14. Maiden name Katherine Dick

{ 15. Birthplace Madison County, Illinois
(City, town, or county) (State or foreign county)

16. (a) Informant Nellie Black

(b) Address 2715 Grandview Ave. Alton, Ill

17. (a) Burial (b) Date thereof Feb. 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Streater

(b) Address 2521 Edwards St. Alton, Ill.

19. (a) 2-5-1948 (b) Paul A. Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 28
1948, to Feb. 5, 1948.

that I last saw him alive on Feb. 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General debilitation **1 yr.**

Due to Probable Carcinoma of Stomach **2 yrs.**

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 F. S. Sless (M. D. or other) **MD**

Address Cuba, Mo Date signed 2-11-48

RECEIVED

Officer No. 5,
348122
Date Filed 3-1-78

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, ~~only~~
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert H. Streaper
Licensed Embalmer No. 2474
P. O. Address Alton, Ill.

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.