No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8720

Registration District No. 199 — Primary Registration District No. 1001 — Registrar's No. 1182

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3434 Smart (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3434 Smart (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME BIRDIE HAMILTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife Unknown or Hamilton

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

7. Birth date of deceased 8 (Month) 6 (Day) 1878 (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business ✓

FATHER
12. Name David Edwards
13. Birthplace (City, town, or county) Eng. 4 (State or foreign country)

MOTHER
14. Maiden name Philora Carpenter
15. Birthplace (City, town, or county) N.Y. 1 (State or foreign country)

16. (a) Informant Nellie Jones

(b) Address 3434 Smart

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City, Mo

19. (a) 3-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1947, 19..., to Mch 13, 1948 that I last saw her alive on Mch 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to Hypertension	10 yrs
Due to Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations 830
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M B Casebolt MD (M. D. or other)

Address 4000 Baltimore R-C Mo Date Signed 3/15/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. B. Carabo Cl.
4000 Baltimore
Va 5115

MAR 26 194

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 Charles Stickney, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.