No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

11563

State File No.

Registrar's No. 414

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri ethodist Hospital (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution two weeks (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No. 332 Inidiana St. (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME KATHERINE C. HAMILTON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Oscar
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 2, (Day) 1881 (Year)

8. AGE: Years 66 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name John Sullivan
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 1
16. (a) Informant C. O. Hamilton (son)
(b) Address Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 4-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1948 hour 2 minute :50 A. M.

21. I hereby certify that I attended the deceased from mar. 25, 1948 to apr. 8, 1948 that I last saw her alive on apr. 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver 1 yr.
acute glomerulo-nephritis 3 wks.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Arterio-sclerosis (gen) 7 yrs.
Diabetes mellitus 15 yrs.
Major findings:
Of operations
Of autopsy Cirrhosis of liver
acute glomerulo-nephritis
arterio-sclerosis

Duration

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)
(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) 0
While at work? (e) Means of injury

23. Signature G. T. Bloomer (M. D. or other) M. D.
Address 1218 N. 3d St Joseph Mo. Date signed 4/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.