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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13389**

Registration District No. 210

Primary Registration District No. 5770

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Spickard, Mo. R.F.D. #1
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 76-8-4 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mason P. Hamilton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nora B Hamilton 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug 1 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1947, to April 5, 1948; that I last saw him alive on April 3, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Acute Cardiac Insufficiency Duration _____

Due to Arterio sclerosis Four years

Due to _____

9. Birthplace Mercer Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

11. Industry or business _____

12. Name Mch Hamilton

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

14. Maiden name Elizabeth Carleton

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

Major findings: Of operations 97 Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Joe Hamilton (b) Address Mill Grove Mo.

17. (a) Burial (b) Date thereof April-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Cem Mercer Co Mo

18. (a) Signature of funeral director Schaefer Funeral Home (b) Address Spickard Mo

19. (a) 4-18-48 (b) M. J. Ruth
(Date received local registrar) (Registrar's signature)

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 M. J. Ruth (M. D. or other) m.d.
Address Trenton, Mo. Date signed 4-5-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.