S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19258

FILED JUL 6 1948

Registration District No. 733

Primary Registration District No. 3022

Registrar's No. 50

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Bethany.
(If outside city or town limits, write "RURAL")
(d) Street No. West Main St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Stephen Earl Hamilton
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married.
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 10, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	8	6	hr. min.

9. Birthplace Bethany, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Hardware
FATHER
12. Name James P. H. Hamilton
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Colista Allen
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant Irma Hamilton
(b) Address Bethany, Mo.
17. (a) Burial (b) Date thereof 6-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miriam, Bethany
18. (a) Signature of funeral director M B Haas
(b) Address Bethany, Mo.
19. (a) June 17-48 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1948 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from June 6th 1948 to June 11 1948
that I last saw him alive on June 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death old age
Inflammation followed by Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury 2
23. Signature E. F. Hardinger D.O. (M.D. or other)
Address Bethany Mo. Date signed June 14

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1960

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 S W Haas
~~W. B. Haas.~~

Licensed Embalmer No. ~~5899~~ 1078

P. O. Address Bethany, 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.