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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1948

Registration District No. 4653

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4253

State File No. 26854

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Chilhowee
(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural Chilhowee 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Charles William Hamilton

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan. (Month) 17, (Day) 1868 (Year)

8. AGE: Years 80 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert A. Hamilton
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Americus Hogan
15. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Amelia Hamilton
(b) Address Chilhowee, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director J.W.Cook
(b) Address Chilhowee, Missouri

19. (a) 8/7-48 (Date received local registrar) (b) Mamie D Hackley (Registrar's signature) 1/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1948 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug-4, 1948, to Aug 5, 1948, that I last saw him alive on Aug 4, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	4 hrs
Due to: Rens Cardio Vascular disease	3 years
Due to: senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93
Of autopsy

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

23. Signature [signature] (M. D. or other)

Address Warrensburg Mo Date signed 8-7-48

(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 J. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.