S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29790

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3809

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: 3428 Flora Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 3 8 0
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3428 Flora Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James N. HAMILTON
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: 3 divorced
6. (b) Name of husband or wife: Ora M. Hamilton
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 20, (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	6	27	hr. min.

9. Birthplace: Paris Landing, (City, town, or county) Tennessee / (State or foreign country)
10. Usual occupation: Tin Shop
11. Industry or business: Self
12. Name (Father): James N. Hamilton
13. Birthplace (Father): --- (City, town, or county) Tennessee / (State or foreign country)
14. Maiden name (Mother): Sarah Sweet
15. Birthplace (Mother): --- (City, town, or county) Tennessee / (State or foreign country)
16. (a) Informant: Mrs. Fred J. Triesch
(b) Address: 3428 Flora Ave., K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarksville, Ark.
18. (a) Signature of funeral director: Lodge-McGilley-Eyler
(b) Address: Kansas City, Missouri
19. (a) 9-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 17 1948 to 9/12 1948 that I last saw him alive on 9/4/12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 97
Major findings:
Of operations:
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: 0
23. Signature: M. L. Friedman (M. D. or other) M.D
Address: 314 Argyle Bldg Date signed: 9/17/48

(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. Donald M. Mallatt

Licensed Embalmer No. 4570

P. O. Address. A.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.