S. No. 300
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ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30164

Registration District No. 157 Primary Registration District No. 5586 Registrar's No. 217

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural - Marion Twnship (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1 Carthage (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. Route 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William E. Hamilton
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Bell Hamilton
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April (Month) 4 (Day) 1875 (Year)

8. AGE: Years 73 Months 5 Days 23 If less than one day hr. min.

9. Birthplace near McCune (City, town, or county) Kansas (State or foreign country)
10. Usual occupation retired coal miner
11. Industry or business Minden Coal Co.
MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. E. Hamilton
(b) Address Route 1, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 9-28-48 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1948 hour 8:30 minute a M.
21. I hereby certify that I attended the deceased from Jan 10, 1948, to Sept 27, 1948; that I last saw him alive on Aug 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Dilatation — Duration
Due to Chronic Heart trouble
Due to Uremia
Other conditions (Include pregnancy within 3 months of death)
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
23. Signature K. E. Baker (M. D. or Other)
Address Carthage Mo Date signed 9-27-48

139-0 (Licensed Embalmer's Statement on Reverse Side)

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

48-9-813

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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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.