No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32915
Registrar's No. 4231

Registration District No. 149
Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town K C MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WHEATLEY HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFETIME (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON
(c) City or town K. C. MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 2405 1/2 E. 25
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOEN HAMILTON
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 16 (Day) 48 (Year)

8. AGE: Years | Months | Days 2 1/2 | If less than one day hr. min.

9. Birthplace K. C. MO (City, town, or county) (State or foreign country)
10. Usual occupation NONE
11. Industry or business

FATHER
12. Name RAYMOND HAMILTON
13. Birthplace JASPER CO MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FLORENCE BUTLER
15. Birthplace K C MO (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Hamilton
(b) Address 2405 1/2 E. 25 K C Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAND CEMETERY KCK
18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E. 15 K C MO
19. (a) 10-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1948 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from Oct 16, 1948, to Oct. 18, 1948
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Idiopathic	
Due to	
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 Royall B. Fleming

23. Signature Royall B. Fleming (M. D. ~~or other~~)
Address 1433-E-19th St Date signed 10-18/48

(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 Wm. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th K.C.M

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.