FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 46

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 33182

Registrar's No. 322

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 10213 E. 18th
(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: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 10213 E. 18th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Gladys Nadine Hamilton
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Claude H. Hamilton
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Oct. 31, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	11	13	hr. min.

9. Birthplace: Holden, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: self employed
FATHER
12. Name: John Stubblefield
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mattie Woods
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Claude H. Hamilton
(b) Address: 10213 E. 18th, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Md. Grove Cemetery
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 10-26-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1948 hour 4:30 minute P.M.
21. I hereby certify that I attended the deceased from Oct. 24, 1948, to Oct 24, 1948; that I last saw her alive on Oct 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	10 hrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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

23. Signature: Chas. T. Nickson Jr. (M. D. or other)
Address: Independence, Mo. Date signed: 10/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Richard D. Mullins, Registered Apprentice No. 268 working under my personal supervision.

Signed Charles F. Foyle

Licensed Embalmer No. 14534

P. O. Address Lodge 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.