No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35818

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 320

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 7 m 12 d (Specify whether years, months or days)
In this community same

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES HAMLETT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 10 (Day) 1865 (Year)
8. AGE: Years 83 Months 3 Days 28 If less than one day hr. min.
9. Birthplace dK (City, town, or county) 9 (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farm
FATHER
12. Name dK
13. Birthplace dK (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name dK
15. Birthplace dK (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hos. Records
(b) Address Fulton Mo
17. (c) Removal (Burial, cremation, or removal) (b) Date thereof 11 10 48 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. O. Roberts
(b) Address Columbia Mo
19. (a) 11-10-1948 (Date received local registrar) (b) Joice Mossinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Nov 6, 1948, to Nov 7, 1948, that I last saw him alive on Nov 6 1948, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 d

Of autopsy

Duration

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 J. C. Caldwell (M. D. or other) MD
Address Fulton Mo Date signed 11/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
NOV 19 1948
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.