S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 291

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

37722

State File No.

Primary Registration District No. 3057

Registrar's No. 94

**1. PLACE OF DEATH:**

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ray County Courthouse 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Ray 89

(c) City or town Rural R.F.D. #2 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles South Richmond H#13 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eugene Paul Hamilton, MD

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily Rodelle Fowler

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 28 1880
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 0 | 4 | hr. min. |

9. Birthplace Ray County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Surgeon ~~Willis Hamilton, M.D.~~

11. Industry or business Doctor of medicine

FATHER
12. Name Willis Hamilton, M.D.
13. Birthplace Crab Orchard (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Simpson
15. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Simpson Hamilton

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Richmond

18. (a) Signature of funeral director West-Lile F.H.

(b) Address Pre Gen Lile - Richmond, Mo.

19. (a) Nov. 2-1948 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 1
year 1948 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1948, to Nov 1, 1948
that I last saw im alive on Nov 1-1948, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to —

Due to

Other conditions Normal
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation,
Sudden death.
Of autopsy None

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 0

23. Signature [signature] (M. D. ~~or other~~)

Address Richmond Mo Date signed 11-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-1-48

8761 2 DEC 1

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 George D. Hile

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.**