

S. No. 2
1-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41280

State File No. _____

Primary Registration District No. 3023

Registrar's No. 227

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Ellipton Missouri
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community Ellipton

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Desperaux, MO 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 11

3. (a) PRINT FULL NAME Etta Maud Hamilton
3. (b) If veteran, no name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 10
year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1944 to Dec 10, 1944
that I last saw her alive on Dec 10, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Hamilton
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased: October 23 1894
(Month) (Day) (Year)

Immediate cause of death
Cervical embolism 28
Due to operation for removal gall bladder
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94a
Of autopsy _____

8. AGE: Years 50 Months 1 Days 17
If less than one day: hr. _____ min. _____

9. Birthplace: Desperaux Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business _____
12. Name William Dahme
13. Birthplace Jonia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Louisa Phillips
15. Birthplace Jonia Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Harry Hamilton
(b) Address Desperaux, MO
17. (a) Burial (b) Date thereof Dec 17 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bronington MO
18. (a) Signature of funeral director John Hines
(b) Address Desperaux, MO
19. (a) Dec. 14 1944 (b) George Sitcher
(Date received local registry) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature G. Sitcher (M. D. or other) MD
Address Clinton MO Date signed 12-11-44

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

RECEIVED

District Health Officer No. 7;

District File Number 12-44-1477

Date Filed 1-11-43

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 Jam Hunt

Licensed Embalmer No. 2742

P. O. Address Deputy 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.