

V. S. No. 2
20M-8-43
5-17-39
I X37823

State File No. 16001
Registrar's No. 481

FILED JUN 14 1948
128

Registration District No. _____ Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2156 W. Browner
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eggie Belle Hamilton
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7th
year 1948 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from 6-4-1948 to 6-7-1948
that I last saw her alive on 6-7-1948
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 Widowed
7. (b) Name of husband or wife James Hamilton (c) Age of husband or wife if alive _____ years
8. Birth date of deceased April 11 1875
(Month) (Day) (Year)

Immediate cause of death Uremia, had been in coma 3 days when spirit left her. So far as we are able to determine Uremia. She had been failing and unable to walk for 2 yrs. So her daughter told me.
Duration _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 130
Underline the cause to which death should be charged statistically.

8. AGE: Years 73 Months 1 Days 26 If less than one day hr. _____ min. _____
9. Birthplace Carthage MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name James Ellis Evans
13. Birthplace Edinburgh Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Emily Boswell
15. Birthplace Not known Ill.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. W. R. Lamers
(b) Address Fulton, Mo. R.R. 3.
17. (a) Richmond Mo (b) Date thereof Jan-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Richmond Mo.
18. (a) Signature of funeral director Wm. A. Binn
(b) Address Walnut Grove Mo.
19. (a) 6-7-1948 (b) W. J. Handley MD
(Date received local registrar) (Registrar's signature)

23. Signature J. Musick (M. D. or other) _____
Address Springfield, Mo Date signed 6-7-48

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

9
2
6

MOTHER FATHER

MAR 1964

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.....

James R. Phelps

Registered Apprentice No. *215*

working under my personal supervision.

Signed: *Gene A. Brown*

Licensed Embalmer No. *2664*

P. O. Address *Wilmington, Delaware*

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.