

FILED SEP 14 1944

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Eleanor Rhodlle Hamilton

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Eugene S. Hamilton
13. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor P. Davisin
15. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene S. Hamilton
(b) Address R.F.D.#2, Richmond, Mo.

17. (a) Burial (b) Date thereof Aug. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.

19. (a) 8/29 44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Ray
(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Two & one half Miles South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1944 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 8-26-44, 19____, to 8-26-44, 19____; that I last saw her alive on 8-25-44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Enlargement of thymus gland ?

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature [Signature] (M.D. or other) _____
Address Richmond, Mo. Date signed 9-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-18-47

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. 2073

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.