

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37722

State File No. \_\_\_\_\_

FILED DEC 2 1948

Registration District No. 2-17

Primary Registration District No. 3057

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Ray, 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 Ray 11704 2 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles South Richmond 4413 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EUGENE PAUL HAMILTON, MO

3. (b) If veteran, name war World War I 3. (c) Social Security No. None

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  
and that death occurred on the date and hour stated above.

4. Sex Male 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 42 years

7. Birth date of deceased October 28 1890  
(Month) (Day) (Year)

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

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

10. Usual occupation Surgeon

11. Industry or business Doctor of medicine

12. Name Willis Hamilton, M.D.

13. Birthplace Crab Orchard Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Simpson

15. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Hamilton

(b) Address Richmond, Mo.

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

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

18. (a) Signature of funeral director Robert Hill, F.D.

(b) Address Richmond, Mo.

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

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

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 5

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

Address Richmond, Mo Date signed 11-2-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48

8761 2, 2517 1.

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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 Hill*

Licensed Embalmer No. 4066

P. O. Address *Putnam, 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.**