

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2189
 Registrar's No. 5

FILED FEB 5 1947
 Registration District No. 277

Primary Registration District No. 3057

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

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Kice Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
(Specify whether)
 In this community Six Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 12th
 year 1947 hour 4 minute 13 A.M.

21. I hereby certify that I attended the deceased from
Jan 1, 1947 to Jan 12, 1947
 that I last saw him alive on Jan 12, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Effie Belle Hamilton
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased December 25, 1871
(Month) (Day) (Year)

Immediate cause of death
Coronary Thrombosis
 Due to Arterial Sclerosis
 Due to _____
 Other conditions 94A
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

Duration 12 days
 5 year

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

9. Birthplace Carthage, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

MOTHER FATHER

11. Industry or business _____
 12. Name James Hamilton, Sr.
 13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Celia Lee
 15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Belle Hamilton
 (b) Address Richmond, Missouri
 17. (a) Burial (b) Date thereof 1/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunnyslope Cemetery
 18. (a) Signature of funeral director Quest-Lile F. Home
 (b) Address Richmond, Mo.
 19. (a) Jan 13 - 47 (b) Mabel Jackson
(Date received local registrar) (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)
 Means of injury 2
 23. Signature D. E. J. Keram (M. D. or other) _____
 Address Richmond, Mo. Date signed Jan 12, 1947

RECEIVED

Embalmer No. 8,

District File Number

Date Filed

1-25-47

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 *[Signature]*

Licensed Embalmer No. 4069

P. O. Address *[Signature]*

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.