

3. No. 2  
-4-13-40  
5-17-39  
-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7949**

Registration District No. **743**

Primary Registration District No. **4445**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orrick Mo.  
(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 Lucy Hamilton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Edward Hamilton

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. 2, 1869  
(Month) (Day) (Year)

8. AGE: 71 Years 2 Months 1 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Duties

11. Industry or business \_\_\_\_\_

12. Name M. G. Taylor

13. Birthplace Unknown / Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brashear

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

16. (a) Informant George E. Hamilton

(b) Address Orrick Mo.

17. (a) Burial (b) Date thereof Feb. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director E. Thurman  
Richmond Mo.

(b) Address \_\_\_\_\_

19. (a) 2/2/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray

(c) City or town Orrick  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1940 to Feb. 2, 1941 and that death occurred on the date and hour stated above.

that I last saw her alive on Feb. 1, 1941

Immediate cause of death Paralysis Agitans

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations None

Of autopsy None

Duration 4 yrs.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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)

(1) Means of injury \_\_\_\_\_

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

Address Orrick, Mo. Date signed 2/3/41

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 3-10-47

**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 *J. P. Sherman*  
Licensed Embalmer No. 2073  
P. O. Address Richard ma

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.