FILED AUG 9 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29873

Registration District No. 838 Primary Registration District No. 4509 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dexter, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. South Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Gene Howard Hamilton 543

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

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 August (Month) 13 (Day) 1935 (Year)

8. AGE: Years 4 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Dexter (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation School Boy

11. Industry or business

FATHER
12. Name Howard Hamilton
13. Birthplace Morley (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Dorthy Irvin
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Howard Hamilton
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship Strickland
(b) Address Dexter, Mo.

19. (a) 8/2 1940 (Date received local registrar) (b) Jennie Burton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1940 hour 6-30 minute 9 M.

21. I hereby certify that I attended the deceased from July 8, 1940 to July 8, 1940 that I last saw him alive on July 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis from Septic Tonsils and 5 minutes

Due to Anesthesia

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death) 1 0

Major findings: Of operations ✓

Of autopsy no

Duration

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) no

(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? 755 (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature S. S. Davis (M. D. or other) 1

Address Dexter Mo Date signed 8/8/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 840-132
Date Filed 8/8/40

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~~ J. E. Struckland, Registered Apprentice No. ..... working under my personal supervision.

Signed J. E. Struckland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.