

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3831

State File No.

Registrar's No.

FILED DEC 10 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deepwater
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY E HAMILTON
3. (b) If veteran, No name war
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased March 12 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 0 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Hamilton
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Annelle Patterson
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Dahms

(b) Address Deepwater, Mo.

17. (a) Burial (b) Date thereof 11-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood
Brunswick, Mo.

18. (a) Signature of funeral director James Smith

(b) Address Deepwater, Mo.

19. November 13 1943 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HENRY
(c) City or town Deepwater, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1943 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from 10-1
1943, to 11-12 1943
that I last saw him alive on 11-12
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 7 days

Due to enlarged prostate & chronic cystitis 6200

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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 H. Walker (M. D. or other) M.D.
Address Clinton, Mo. Date signed 11-12-43

RECEIVED

State Health Officer No. 7

District File Number 11-43-1345

Date Filed 12-9-43

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Dequetter, 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.