

No. 2  
-12-45  
-5-17-39  
I X47070.

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23131**  
Registrar's No. **81**

FILED JUL 3 1947  
Registration District No. **347**

Primary Registration District No. **6152A**

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

1. PLACE OF DEATH:

(a) County **Stoddard** *Liberty*

(b) City or town **Dexter, Mo. R.**  
(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

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. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James Thomas Hamilton**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 27, 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**83** **5** **19** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cape Girardeau, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **James Hamilton**

13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Goffman**

15. Birthplace **Cape Girardeau, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Corbin Hamilton**

(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **6.17.47**  
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dexter, Mo.**

18. (a) Signature of funeral director **Watkins Funeral Ser.**

(b) Address **Dexter, Mo.**

19. (a) **6/22-47** (b) *Margaret Smith*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**  
year **1947** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **June 1, 1947** to **June 16, 1947**  
that I last saw him alive on **June 13, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular heart disease (Mitral insufficiency)**

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

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

Other conditions **Advanced age**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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? **none**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **No** (Specify type of place) (c) Means of injury **0**

23. Signature *W. D. ...* (M. D. or other)

Address **Dexter, Mo.** Date signed **Jun. 19**

RECEIVED

District Health Office No. 2,

District File Number 747-905

Date Filed 2-1-41

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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.....

*Lynnard Steele*

Licensed Embalmer No. 2476

P. O. Address.....

*Nexter 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.