No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42163

FILED DEC 29 1947

Registration District No. 1710

Primary Registration District No. 3033

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memo. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 519 Pearl 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elzora Alice W. Hamilton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

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

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

7. Birth date of deceased June (Month) 28 (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Clark Co. Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Timothy Willard
13. Birthplace Clark Co. Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabel Cox
15. Birthplace Clark Co. Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Fern E Willard
(b) Address Lebanon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carney

18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo.

19. (a) Dec 20, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature) 15 (20)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th
year 1947 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from 12-7- 1947, to 12-7- 1947;
that I last saw her alive on 12-7- 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death accidental hemorrhage - skull fracture - auto accident

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 53
(b) Date of occurrence 12-7-47
(c) Where did injury occur? Lebanon (City or town) Laclede (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City street (Specify type of place)
While at work? no (e) Means of injury auto 0

23. Signature R E Harrell (M. D. or other) MD
Address Lebanon Mo Date signed 12-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coll. (Pedestrian

12/24/47

Health Unit

12-47-216

12/24/47

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 Richard L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed Allyn D. Hosker

Licensed Embalmer No. 4333

P. O. Address Lebanon, Me.

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.