

No. 2
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8721**
Registrar's No. **992**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Puritan Hotel: 200 West 9th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 years** (Specify whether years, months or days)

In this community **10 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **Puritan Hotel: 200 West 9th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CLYDE J. HAMILTON**

3. (b) If veteran, name war **W.W. I**

3. (c) Social Security No. **495-26-2873**

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

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

6. (b) Name of husband or wife **Ruby Hamilton**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Aug. 1 1900**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 47 | 6 | 28 | 17 hr. min. |

9. Birthplace **Missouri** (City, town, or county) **0** (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruby Hamilton**

(b) Address **Puritan Hotel: 200 West 9th St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-3-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary: K.C. Kan.**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **Kansas City, Missouri**

19. (a) **3-3-48** (Date received local registrar) (b) **Maldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **28th** year **1948** hour **3:30PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Coroner** 19____ to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**

Due to **arteriosclerosis**

Due to **presumably of natural causes**

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: **93.0**

Of operations _____

Of autopsy **no**

Hearting & Impaction

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **Jamie Walker** (M. D. or other) _____

Address **1424 1/2 W. 11th** Date signed **3-2-48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Blaine E. Wheeler

Licensed Embalmer No.....

4075

P. O. Address.....

K.C. 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.