

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 5 1948
Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 6

1. PLACE OF DEATH:

(a) County JACKSON (Rural)
(b) City or town KANSAS CITY (Wash)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8802 SIOUX TRAIL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 41 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8802 SIOUX TRAIL 48
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELIZABETH CRYER HAMILTON

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. MARK W. HAMILTON
6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased APRIL 5 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business AT HOME

12. Name BENJAMIN CRYER II

13. Birthplace LANCASTER ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name HANNA BEARDSLEY

15. Birthplace LANCASTER ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MR. MARVIN J. HAMILTON

(b) Address 8802 SIOUX TRAIL, K.C., Mo.

17. (a) BURIAL (b) Date thereof March 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3/18/48 (b) Dr. Annie S. Hodges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16TH
year 1948 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1
Nov 1 1947 to Feb 16 1948
that I last saw her alive on Feb 16 1948
and that death occurred on the date and hour stated above

Immediate cause of death myocardial Failure
Duration 1 Day

Due to Arterio Sclerosis

Due to Coronary Arteriosclerosis
Primary Uterine Ca.

Other conditions (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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Charles Stockett (M.D. or other) _____
Address 1103 Grand Date signed 3/19/48

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

18
0
0

1-3:30
730 Professional Body

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address. Kansas City, 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.