

FILED AUG 24 1948

Registration District No. **46**

Primary Registration District No. **4063**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
XXXX  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXX  
(Specify whether)

In this community 76 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Sadie Marie McPherson

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George L. McPherson

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

7. Birth date of deceased January 1st. 1872  
(Month) (Day) (Year)

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

76 6 20 XX hr XXXX min.

9. Birthplace Caldwell Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George Hopson

13. Birthplace Sherburn, Chenango Co. N. Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Shaw

15. Birthplace Sherburn, Chenango Co. N. Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Bristow

(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof July 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton, Mo.

18. (a) Signature of funeral director Bram Funeral Home

(b) Address Hamilton, Mo.

19. (a) July 23, 1948 (b) Gladys Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1948 ho 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to July 21, 1948

that I last saw h. \_\_\_\_\_ alive on none, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day

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

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

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? MO.

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

23. Signature Frank B. Daley (M. D. or other) MD

Address Hamilton, Mo. Date signed 8-3-48

FEB 7 1949

DISTRICT HEALTH OFFICE  
Cameron, Mo.

AUG 25

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 R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address. Hamilton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.