

FILED AUG 13 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28607

Do not use this space.

1. PLACE OF DEATH  
(a) County Stoddard Registration District No. 340  
(b) Township Javalk MO Primary Registration District No. 6151 9 Registered No. 51  
(c) City Javalk MO (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. 153 How long in U. S., if of foreign birth? yrs. 1 mos. 3 ds.

2. PRINT FULL NAME HELEN-G-HAMILTON  
(a) Residence, No. 1 mi. South of Javalk MO St. A (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-19-1948  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓  
9. Industry or business in which work was done, as saw mill, bank, etc. ✓  
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1 mi. South of Javalk MO  
13. NAME RAY HAMILTON  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ark. 1  
15. MAIDEN NAME May Richardson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Missouri  
17. INFORMANT (ADDRESS) Ray Hamilton Javalk MO  
18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor DATE July 23-1948  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter James Sevier Javalk MO  
20. FILED 8-9-48 Deema D Jenkins 469 Logg Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 19 48  
22. I HEREBY CERTIFY, That I attended deceased from 7-21, 19 48, to 7-22, 19 48  
I last saw h. or alive on 7-31, 19 48. Death is said to have occurred on the date stated above, at 8:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Colitis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 119 lb  
Name of operation Clinical Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify: \_\_\_\_\_  
(Signed) Deema D Jenkins, M. D.  
(Address) Javalk MO

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

RECEIVED  
District Health Office No. 2,  
District File Number 848-1237  
Date Filed 8-16-28

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**