

S. No. 2
M-5-43
v. 5-17-39
I X36671

11816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1944

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MONROE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
in this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural - Jackson Township
(If outside city or town limits, write "RURAL")
(d) Street No. LUSKANE RD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel New Hamilton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
Mar-20, 1944, to _____ 19____
that I last saw him alive on Mar-20, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florance Hamilton
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May 9 1869
(Month) (Day) (Year)

Immediate cause of death Burned in house fire
Duration _____

8. AGE: Years Months Days If less than one day
44 10 17 hr. min.

9. Birthplace Sullivan Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name Joseph Ann Hamilton

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

14. Maiden name Mary Ann Bingham

15. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest B Hamilton

(b) Address Lucerne Mo

17. (a) BURIAL (b) Date thereof MAR-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST LIBERTY Cemetery

18. (a) Signature of funeral director Comstock FUNERAL Home

(b) Address Warrenton Mo By John Comstock

19. (a) 4/5/44 (b) _____
(Date received from Registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 1815

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Burned in house fire

(b) Date of occurrence Mar-26-44

(c) Where did injury occur? 186 Putnam Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Mal Martin (M. D. or other)

Address Warrenton Date signed 3/31/44

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

MOTHER FATHER

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-44-734

Date filed APR 8 1947

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 James W. Conistak

Licensed Embalmer No. 4197

P. O. Address Ypsilanti, 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.