

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

24308

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 4 9 1946
Registration District No. _____

Primary Registration District No. 3046

Registrar's No. 6870

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

1. PLACE OF DEATH:

(a) County Monticume

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

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Lopus mo.
(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 MARY ANN HAYT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 8
year 1946 hour _____ minute 25 p.M.

21. I hereby certify that I attended the deceased from July 6 1946
that I last saw her alive on July 8 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Dr. J. H. Hart 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased: 1 - 10 - 82
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis Duration 1 day

Due to: Subar Pneumonia
Chronic Indurace

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>28</u>	_____ hr. _____ min.

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

9. Birthplace Moniteau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: _____

Of operations _____

Of autopsy 64

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Joseph George

13. Birthplace Stokes Co. NC
(City, town, or county) (State or foreign country)

14. Maiden name Angeline

15. Birthplace Stokes NC
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. Hart

(b) Address Sumatown Mo

17. (a) Reburial (b) Date thereof 7-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Zion Cem.

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

23. Signature L. L. Latham (M. D. or other) _____

Address California Mo Date signed 7-5-46

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Travis Home Mo

19. (a) 7-4-46 (b) H. R. Roppey
(Date received local registrar) (Registrar's signature)

02

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 8-16-116
Date Filed 8-8-46

WESTERN MAIL

OCT 22 1942

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 C. Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Prairie Home 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.