

1949

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

44925

Do not use this space.

## 1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
(b) Township Washington Primary Registration District No. 6162  
(c) City Nevada or (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JOHN T. HOSMER

(a) Residence, No. 1746 S. Main St. Carthage, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address (write county or city))

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ella Hosmer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor  
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) Oklahoma13. NAME P14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P15. MAIDEN NAME P16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P17. INFORMANT (ADDRESS) State Hospital No 3 Records Nevada, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage, Mo DATE Dec 23, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Knoll Mortuary Carthage, Mo20. FILED Dec 27, 1939 Allen V. Hays Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22nd, 193922. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1939, to Dec 22nd, 1939I last saw him alive on Dec 22nd, 1939. Death is saidto have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Throat

Date of onset

Other contributory causes of importance: 45Cachexia

Name of operation \_\_\_\_\_ 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) G. S. WARRICH(Address) State Hospital No III Nevada, Mo M. D.

RECEIVED

District Health Officer No. 7,

District File Number 1-40-27

Date Filed 1-8-40

**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 F. W. Snell

Licensed Embalmer No. 814

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.**