V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RUD JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18247

Registration District No. 464 Primary Registration District No. 5626 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural Washington Twns. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Rural 0 (If outside city or town limits write "RURAL")

(d) Street No. 3 Mi. North East of Odessa 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ethel Etta Hockensmith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Robert Hockensmith

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 5, 1882 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Atnhome

11. Industry or business

FATHER
12. Name George Lowry
13. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bula Ann Ogden
15. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robert Hockensmith

(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo. Cemetery

18. (a) Signature of funeral director D. A. Husman

(b) Address Odessa, Mo.

19. (a) 5/21-41 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from on May 20, 1941, to —, 19 ; that I last saw by alive on May 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac disease Coronary Embolism

Due to Gall Bladder disease

Due to

Other conditions (Include pregnancy within 3 months of death) 94 W

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Schooley (M. D. or other)

Address Odessa Mo. Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-7-41
Date Filed

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 Irving L. Husman

Licensed Embalmer No. 2541

P. O. Address Alesson, 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, above space should be left blank.