No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21689

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 480

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

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Hours (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

(c) City or town Brookline, ~~Mo.~~ 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Tommy Hosey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Inf

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

7. Birth date of deceased June (Month) 9 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 14 hr. ~~14~~ min.

9. Birthplace Springfield, 0 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Inf.

11. Industry or business

FATHER
12. Name Sherman F. Hosey
13. Birthplace Unknown 0 Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sybil B. Short
15. Birthplace Unknown Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sherman F. Hosey

(b) Address Brookline, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Brookline (Cem)

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 6-10-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 10 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 9, 1941, to June 10, 1941, that I last saw him alive on 4:00 am June 10, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Asphyxia Livida | 6 hrs. |
| Due to Pressure on cord | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 Joseph L. Johnston (M. D. or other) 0

Address Springfield Mo. Date signed 6-10-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 Walnut

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**