

Registration District No. 561

Primary Registration District No. 5-753-B

Registrar's No. 46

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Olean *Part in Orleans*
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME James E. Hite
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased March 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 13 hr. min.

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

10. Usual occupation Retired Merchant
11. Industry or business
12. Name Edward S. Hite
13. Birthplace Missouri
14. Maiden name Mary Taylor
15. Birthplace Missouri

16. (a) Informant George Hite
(b) Address Rolla Missouri

17. (a) Burial (b) Date thereof 8-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Olean Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 8-21-1941 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Olean
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1941 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from July 1941
19 _____ to Aug 19 1941;
that I last saw him alive on Aug 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
Descending Colon

Due to _____
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?

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

23. Signature W. L. Allen (M. D. or other) 9
Address Eldon Mo Date signed 8/21/41

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

RECEIVED
Miller County Health Dept.
County File Number 41-87
Date Filed 9/17/41

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 Louis D Phillips Registered Apprentice No. _____
working under my personal supervision.

Signed Louis D Phillips
Licensed Embalmer No. 3663
P. O. Address Edson

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.