

FILED DEC 11 1941

Registration District No. 22

Primary Registration District No. 3009

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Devils Ray Hosea

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 5. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Nov 21 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	—	—	6	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name unobtainable

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Hosea

15. Birthplace Commerce OMO
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Hoover

(b) Address Illmo Mo

17. (a) Burial (b) Date thereof 11-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation lightney Illmo Mo

18. (a) Signature of funeral director B. Splinghoff/Hubbard

(b) Address Illmo Mo

19. (a) 11-29-41 (b) G. M. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Illmo Mo 3
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26
year 41 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/21 1941 to 11/26 1941;
that I last saw him alive on 11/29/41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 R. O. Lee M.D. (M. D. or other) _____
Address Illmo Mo Date signed 11/27/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.