

2
141
39
K26390

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 803 S Main St.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Chas P Hoskins

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1941 hour 245 P. M. minute..... M.

21. I hereby certify that I attended the deceased from Nov 18
1941 to Nov 18 1941

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

7. Birth date of deceased 11 18 41
(Month) (Day) (Year)

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... *Respiration (7 months duration)*

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

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation.....

11. Industry or business.....

12. Name Chas Hoskins

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

14. Maiden name Katherine Moss

15. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Hoskins

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 11 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Jama McClure

(b) Address Hannibal Mo.

19. (a) 11-24-41 (b) W. E. Fisher
(Date received local registrar) (Registrar's signature)

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 B. J. Maunby (M. D. or other) MD
Address Parsonage Date signed 11-25-41

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

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 Harold P. Finnell

Licensed Embalmer No. 3889

P. O. Address Sumner, Mo.

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

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