

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942
 Registration District No. 1002

Primary Registration District No. 3008

Registrar's No. 127

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Callaway County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Weeks
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Rural Rt. # 3.
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 Mile S. W. Fulton
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROSA FLORA HAYMART
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife C. W. Haymart 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Oct. 27 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Louis Metz
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elizabeth Hoffman
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Haymart

(b) Address Fulton, Mo. R.F.D. #2

17. (a) Burial Central Church Cemetery (b) Date thereof 4/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Church Cemetery

18. (a) Signature of funeral director Geo. G. Wallace

(b) Address Fulton, Mo.

19. (a) 4-16-1942 (b) Josia M. Masiukhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1942 hour 3 minute 35 A.M.
 21. I hereby certify that I attended the deceased from Jan 1938
 _____, 19____, to April 15, 1942
 that I last saw him alive on April 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Breast.
 Duration _____

Due to Carcinoma of Breast.

Due to _____

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

Major findings: Carcinoma of Breast.
 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 J. M. Baulhead (M. D. or other) _____

Address Fulton, Mo. Date signed 4-16-42

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

13
2

13874

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

Signed

Orwin J. Boggess
Licensed Embalmer No. 3940

P. O. Address Fulton, 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, fact should be so stated above.