

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 17 1942

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 11 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town help of Union (Rural)
(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.? 90 years

3. (a) PRINT FULL NAME BASCOVIA HACKLEY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 12 minute P M.

21. I hereby certify that I attended the deceased from March 12, 1942, to May 23, 1942, that I last saw her alive on May 23, 1942, and that death occurred on the date and hour stated above.

4. Sex F 1. Color or race W

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

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

7. Birth date of deceased: Don't know
(Month) (Day) (Year)

Immediate cause of death: Coronary Heart Failure

Due to: Chronic Myocarditis

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

Abt. 92 hr. min.

Due to _____

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

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

Mo _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace _____

14. Maiden name Unknown

15. Birthplace _____

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? _____

16. (a) Informant's own signature Community Nursing

(b) Address Home Records, Kirkville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Antioch near Nobles Mo

18. (a) Signature of funeral director Moran and Son

(b) Address Nobles Mo

19. (a) May 26, 1942 (Date received local registrar) (b) Mrs. J.P. Wayman (Registrar's signature)

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

23. Signature M.T. Hutensohn (Emb. or other) _____

Address Kirkville Mo Date signed 5-23-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 6-42-1309

Date Filed JUN 15 1942

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, above space should be left blank.