

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25018

State File No. _____

Registration District No. 275

Primary Registration District No. 5942

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Phelps

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

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

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

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

(d) Street No. Rolla Route 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Miss Fannie Hazelwood

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3/21
_____, 19____, to July 21, 1942
that I last saw her alive on July 20, 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race white

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

6. (b) Name of husband or wife Marcellus Hazelwood

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

7. Birth date of deceased June 8, 1864
(Month) (Day) (Year)

Immediate cause of death _____

Due to Carcinoma uterus

Due to _____

Other conditions (Include pregnancy within 3 months of death) 486

8. AGE: Years 78 Months 1 Days 13
If less than one day hr. _____ min. _____

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

10. Usual occupation Stenographer

PHYSICIAN

Major findings: Of operations none

Of autopsy none made

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Buckey

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

14. Maiden name _____

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

16. (a) Informant E. W. Hazelwood

(b) Address Rolla, Mo

17. (a) Burial (b) Date thereof July 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director W. H. Brewer

(b) Address Rolla, Mo

19. (a) 1-23-42 (b) E. W. Hazelwood
(Date received local registrar) (Signature)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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. H. Brewer (M. D. or other) _____

Address St. James Date signed _____

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..... *S. L. [Signature]*

Licensed Embalmer No. *3397*

P. O. Address..... *Rolley, 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.