

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural ~~Northwest~~ Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Miles N.W. Sikeston Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Hoskins

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased. 5 30 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 10 hr. min.

9. Birthplace Stoddard Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Norman Hoskins
13. Birthplace Logan Co. Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Abbie Lee Barremore
15. Birthplace Randolph Co. Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Hoskins

(b) Address R.F.D. # 1 Sikeston Mo.

17. (a) Burial (b) Date thereof 7/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMullin Mo.

18. (a) Signature of funeral director. H.W. Albritton
(b) Address Sikeston Mo.

19. (a) Aug 28, 42 (b) Nora Stone
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10
year 1942 hour 11 minute 5 a.m.

21. I hereby certify that I attended the deceased from July 5 1942 to July 9 1942
that I last saw him alive on July 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

ecchymosis

Due to.....

Due to..... 1190

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 [Signature] (M. D. or other).....

Address 1127 Sikeston Mo Date signed 8-12-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER {

1154

RECEIVED

District Health Office No. 2,

District File Number 942-1084

Date Filed 9-1-42

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. W. Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.