7. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31234

FILED OCT 14 1942

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 119

94 0 0

1. PLACE OF DEATH:
(a) County: St. Francois Co.
(b) City or town: Near Farmington, rural, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin 94
(c) City or town: Arbyrd 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #1 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Claude (Cora) Hosman
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Claude Hosman,
6. (c) Age of husband or wife if alive: Age Unk. years
7. Birth date of deceased: Oct. 7 (Month) 1910 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	11	15	hr. min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: T. M. Black
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant: Records of State Hospital #4
(b) Address: Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Greene Co., Arkansas
18. (a) Signature of funeral director: Mitchell Funeral Home
(b) Address: Paragould, Ark.
19. (a) Sept. 30, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9-16, 1942; to 9-22, 1942; that I last saw her alive on 9-22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Puerperal sepsis	16 days
Due to: Cause unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Postpartum psychosis	

Major findings:
Of operations: None done
Of autopsy: None done

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Maurice J. Stock (M.D. or other) MD
Address: Farmington, Mo. Date signed: Sept 25, 1942

1196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1042-1229
Date Filed 10-13-42

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~~ .....

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

working under my personal supervision.

Signed. Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.