

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 849

Registration District No. 518

Primary Registration District No. 2000

39
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora Elizabeth Hesker

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Hesker 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Jan. 11 1877
(Month) (Day) (Year)

8. AGE: Years 1 65 Months 10 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Huff
13. Birthplace LaCleve County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Celia Carter
15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Davis
(b) Address Des Moines, Iowa

17. (a) Burial (b) Date thereof Nov. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-28-42 (b) Dr W J Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Nov 15 1942 to Nov 27 1942
that I last saw him alive on Nov 27 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho-Pneumonia

Due to _____
Due to _____
Other conditions Heart & Kidney disease
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy none

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 _____

23. Signature J H Fulbright (M. D. or other)
Address Springfield Mo Date signed 11/27/42

984 (Licensed Embalmer's Statement on Reverse Side)

JAN 16 1953

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.....

L. Deakin Gorman

Licensed Embalmer No. 3179

P. O. Address Springfield 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.

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