

FILED DEC 18 1942

State File No.

Registration District No. 18

Primary Registration District No. 3040

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
623 Missouri Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 39 East Third Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hubert Hoskins Jr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 22 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>1</u>	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Hubert O. Hoskins

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

14. Maiden name Leona Jackson

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

16. (a) Informant Hubert Hoskins

(b) Address Chillicothe, Missouri.

17. (a) Laclede, Mo. (b) Date thereof 11-24-'42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) Nov 24-1942 (b) Lou Ella Cuzz77
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 10:30 P.M. Nov. 22 1942 to 6:50 A.M. Nov. 23
that I last saw him alive on Nov. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration for blood in lungs
Due to Aspiration
Due to Perinatal Hemorrhage
Other conditions Placental
(Include pregnancy within 3 months of death)

Major findings: Of operations 160c
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature As Druggist (M. D. or other) 0
Address Chillicothe Mo Date signed 11-24-42

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

59
1
2

MOTHER FATHER

455

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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.