S. No. 2
M—5-42
. 5-17-39
FILED FEB 5 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3087

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 3

80
6
4

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Mo. (b) County Pettis 6

(c) City or town Sedalia 4 (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 0

3. (a) PRINT FULL NAME Infant Of Mr.Mrs.L.O.Hoard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec.30 (Month) 1942 (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Loren O Hoard
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dimple Sands
15. Birthplace (City, town, or county) Sedalia Mo. 0 (State or foreign country)

16. (a) Informant J.O.Sands

(b) Address Sedalia.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 1/1/43 (Date received local registrar) (b) Mrs Anna Bergle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1942 hour 10 minute 10 A M.

21. I hereby certify that I attended the deceased from 12-30, 1942 to 12-30, 1942 that I last saw him alive on 12-30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Compression on cord

Due to cord being wrapped about neck [illegible]

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

160c

Duration

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 —

23. Signature Frank B. Pong (M. D. or other) MD

Address Sedalia Mo. Date signed 12/31/42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-4-43

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 Did Not Embalm

Licensed Embalmer No.....

P. O. Address.....

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.