

Registration District No. _____

Primary Registration District No. 3016

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

56007
4

RECEIVED JUN 11 1943

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage ⁷⁶

(c) City or town Bonnette Mill Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Edgar Latour Hirst.

3. (b) If veteran, name war. ✓

3. (c) Social Security No. 702-14-4220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-8-43 day _____
year _____ hour 4:11 minute am M.

21. I hereby certify that I attended the deceased from 5-1-43
_____ 19____ to _____ 19____
that I last saw him alive on 5-8-43 19____
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or Race W.

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

6. (b) Name of husband or wife Cora

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

7. Birth date of deceased Sept 20 1887
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration _____

8. AGE: Years Months Days If less than one day

55 7 17 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Cooper Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad agent

Other conditions Hypertension
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name John G. Hirst

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

14. Maiden name Rhoda E. McClain

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

PHYSICIAN _____

Major findings: _____

Of operations §3a

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sallye Schaedler

(b) Address Bonnette Mill Mo.

17. (a) Burial (b) Date thereof 5-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Mo.

18. (a) Signature of funeral director Thos J. Gordon

(b) Address 217 E. McCarty St. Jefferson City Mo

19. (a) 5-10-43 (b) Martha R. Biala
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature John Rambo (M. D. or other) 5/10/43

Address Jefferson City Mo Date signed _____

325
1143

JUL 2 1945

MAY 25 1945

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 Ferd P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.