

No. 2
OM-5-42
5-17-39
X32872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18209

State File No. 107

FILED JUN 15 1943

Registration District No. 4260

Registrar's No.

52
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Baring
(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 John W. Hoskins

3. (b) If veteran, name war _____

3. (c) Social Security No. 709 183142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1943 hour 11¹⁵ minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ethel Hoskins

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased June 15 1905
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 164w

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

37 11 24 hr. min.

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Railroad employee

22. If death was due to external causes, fill in the following: suicide

(a) Accident, suicide, or homicide (specify) Hanging himself

(b) Date of occurrence 5-9-1943

(c) Where did injury occur? Baring, Knox, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
A.F. Residence in garage
(Specify type of place)

11. Industry or business _____

12. Name John Hoskins

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

14. Maiden name Matie Smith

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

While at work? _____ (e) Means of injury Hanging

Signature J. W. Hudson (M. D. or other)

Address Edina Mo Date signed 5-12-43

16. (a) Informant Ethel M. Hoskins

(b) Address Baring Mo

17. (a) Burial (burial, cremation, or removal)

(b) Date thereof May 11 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda

18. (a) Signature of funeral director Gertha Basket

(b) Address Memphis Mo

19. (a) May 17-43 (Date received local registrar)

(b) Edith Hoskins (Registrar's signature)

Underline the cause to which death should be charged statistically.

PHYSICIAN

01
JUN 17 1943

0024

RECEIVED

District Health Officer No. 10

District File Number 6-43-1M5

Date Filed JUN 11 1943

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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.

24 71 1943