

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20213**
2567
Registrar's No. _____

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **J. C. Mo**
(c) Name of hospital or institution: **1629 Madison**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 mos.**
(Specify whether years, months or days)
In this community **6 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **clay**
(c) City or town **Liberty**
(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 **no**

3. (a) PRINT FULL NAME **PocA. HONTAS ALLEN**

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

4. Sex **7** 5. Color or race **1** 6. (a) Single, widowed, married, divorced **undiv**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **no** years
7. Birth date of deceased **May 5 1897**
(Month) (Day) (Year)

8. AGE: Years **89** Months **1** Days **21** If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business _____
12. Name **Thomas B Hewlett**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Rhoda Ann Gregg**
15. Birthplace **Galine co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. B. Allen**
(b) Address **Liberty mo**
17. (a) **Burial** (b) Date thereof **6/8/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hill J.C. Mo.**

18. (a) Signature of funeral director **Jessie Hill Funeral Home**
(b) Address **Liberty Missouri**
19. (a) **6-7-43** (b) **Dr. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**
year **1943** hour **4** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Mar 8 1942** to **June 6 1943**
that I last saw her alive on **June 6 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Arterio Sclerosis 10 yrs**

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____ (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)
(e) Means of injury _____

23. Signature **Burton Malby** (M. D. or other) **M.D.**
Address **Liberty Mo** Date signed **6-6-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1
1946
1857

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. *myself*

Signed *Victor E. Laminger*

Licensed Embalmer No. *2896*

P. O. Address *Liberty Inc.*

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.