

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 152

FILED JUL 12 1949
Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Warren

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike ⁹⁹⁹

(c) City or town Kinderhook ¹¹
(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 2

3. (a) PRINT FULL NAME Henry Hack

3. (b) If veteran, name war _____

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 43 hour 8 minute 2 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased February 19, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 1943, to MAY 29, 1943; that I last saw him alive on May 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 81 Months 3 Days 10 If less than one day _____ hr. _____ min.

Due to Chronic Myocarditis ^{known}

9. Birthplace Kinderhook Ill
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation farmer

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

11. Industry or business _____

Major findings: Chronic myocarditis (known)

12. Name unknown

Of operations _____

13. Birthplace _____ ⁹
(City, town, or county) (State or foreign country)

Of autopsy 1318

14. Maiden name unknown ⁹

Underline the cause to which death should be charged statistically.

15. Birthplace _____ ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Clayton

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

(b) Address Nebraska

(a) Accident, suicide, or homicide (specify) _____

17. (a) _____ (b) Date thereof 5/31/43
(Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Sand Cemetery Co

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Barry J. Clark

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

(b) Address 5-29-43 (c) R. H. Connor
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. Murphy (M. D. or other) MD
Address Hamilton Date signed 5-29-43

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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.....

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.