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-9-4-41  
-17-39  
X29484

FILED AUG 13 1943

Registration District No. 147

Primary Registration District No. 5569-5572

Registrar's No. 131

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural - Prairie Grove, Miss.

(c) Name of hospital or institution: 2 mi. S.E. of Valer station

(d) Length of stay: In hospital or institution: 30 days

In this community: 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Okla. (b) County: 999

(c) City or town: Hister

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: W. E. Hoskins

3. (b) If veteran, name war: Unknown 3. (c) Social Security No. Unknown

4. Sex: Male 5. Color or race: White

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

6. (b) Name of husband or wife: Ruby Calton Hoskins

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

7. Birth date of deceased: Unknown

8. AGE:	Years	Months	Days	If less than one day
About 55				hr. min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Rock Island R.R.

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: affects

(b) Address: Removal

17. (a) (b) Date thereof: July 7 - 1943

(c) Place: burial or cremation: Prairie Okla.

18. (a) Signature of funeral director: J. Clanth agent

(b) Address: Rayton Mo.

19. (a) 7-7-43 (b) Mrs. R. E. Larvin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 43 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from 9:00 AM that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Cyanide poisoning of the heart

Richard brometism

Due to: Richard brometism

Due to:

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

Major findings: Of operations: 169-6

Of autopsy: see above 30

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): Accident 048

(b) Date of occurrence: July 7, 1943

(c) Where: Prarie Okla. (City or town) (County) (State)

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

While at work? yes (Specify type of place) (e) Means of injury: that by

23. Signature: John B. Hester (M.D. or other)

Address: Hester

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

MOTHER FATHER

116

MAR 18 1946

AUG 17 1946

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 *E. Clark Hepert*  
Licensed Embalmer No. *3983*  
P. O. Address *Raytown 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.