

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28472

FILED SEP 13 1943

Registration District No. 57

Primary Registration District No. 3028

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1242 So. Garrison Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME MAUDE MARY MATHERS HOGE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H. D. Hoge 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 12, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 12 hr. min.

9. Birthplace X ENGLAND
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Mathers

13. Birthplace X England
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace X England
(City, town, or county) (State or foreign country)

16. (a) Informant H. D. Hoge

(b) Address 1224 So. Garrison, Carthage,

17. (a) Burial (b) Date thereof 8-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug. 25 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1242 So. Garrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 43 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him Discontinued (alive or dead) _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 R. A. Webster (M. D. or other) Coroner

Address Carthage Mo Date signed 8/25/43

1243

(Licensed Embalmer's Statement on Reverse Side)

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

43-8-726

NOV 22 1949

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. L. ...*

Licensed Embalmer No. *2222*

P. O. Address..... *Carthage*

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.