S. No. 2
DM—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31491

Registration District No. 76 Primary Registration District No. 5300 Registrar's No. 26

26

1. PLACE OF DEATH:

(a) County Cole

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole. 21

(c) City or town Henley MO.
(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 0

3. (a) PRINT FULL NAME PETER M. HOSKINS

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

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

6. (b) Name of husband or wife Fannie Hoskins. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. (Month) 10 (Day) 1871 (Year)

8. AGE: Years 71 Months 10 Days 26. If less than one day ..... hr. ..... min.

9. Birthplace Henley (City, town, or county) MO. (State or foreign country)

10. Usual occupation Postmaster

11. Industry or business

FATHER
12. Name Thomas Hoskins
13. Birthplace K.Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace Henley (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs Fannie Hoskins
(b) Address Henley, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-43. (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Hill Cem

18. (a) Signature of funeral director [illegible]
(b) Address Russellville MO.

19. (a) 10-7-43 (Date received local registrar) Millie C. Berendzen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 6 year 1943 hour 3 PM minute ..... M.

21. I hereby certify that I attended the deceased from Sept. 22, 1943 to OCT. 6, 1943 that I last saw him alive on OCT. 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Bladder	6 MOS.
Due to	
Due to 52 b	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury ?

23. Signature T. Omar Hickey (M. D. or other) D.O.
Address Henley, Mo. Date signed 10-7-43

1343

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1944

OCT 19 1945

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 G. N. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville 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.