

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32333**
Registrar's No. **78**

FILED OCT 13 1943

Registration District No. **291** Primary Registration District No. **5998**

1. PLACE OF DEATH:
(a) County **PUTNAM**
(b) City or town **POWERSVILLE, MO**
(c) Name of hospital or institution: **AT HOME**
(d) Length of stay: In hospital or institution **LIFE**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **PUTNAM**
(c) City or town **POWERSVILLE, MO.**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **FRED HUME**
(b) If veteran, name war **No** (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **SEPT** day **14**
year **1943** hour **8** minute **30 P.M.**

4. Sex **MALE** 5. Color or race **W.**
6. (b) Name of husband or wife **NELLIE HUME**
7. Birth date of deceased **MAY 29 1878**

21. I hereby certify that I attended the deceased from **JULY 1940** to **SEPT. 14th 1943**
that I last saw him alive on **SEPT. 14th 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **03** Days **15**

Immediate cause of death **CHRONIC GLOMERULAR NEPHRITIS**

9. Birthplace **POWERSVILLE Mo**

Due to **HYPERTENSION**
Due to **UREMIA**

10. Usual occupation **AT HOME**

Other conditions (Include pregnancy within 3 months of death) **121 F**

11. Industry or business **NONE**

Major findings: Of operations
Of autopsy

12. Name **WILLIAM H. HUME**

13. Birthplace **PUTNAM Co. Mo.**

14. Maiden name **GEORGIE KIRK**

15. Birthplace **PUTNAM Co. Mo.**

16. (a) Informant **NELLIE HUME**

(b) Address **POWERSVILLE MO.**

17. (a) Date of burial or cremation **SEP. 17-1943**

(b) Place of burial or cremation **POWERSVILLE CEM.**

18. (a) Signature of funeral director **Quinn-Stanton Co.**

(b) Address **POWERSVILLE MO.**

19. (a) Date received local registrar **1099**

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

23. Signature **L.W. McDonald** (M. D. or other) **RD**
Address **POWERSVILLE MO.** Date signed **Sept-17-43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number ¹⁰⁻⁴³⁻¹⁷¹¹ OCT 11 1943

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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 Me,

Registered Apprentice No. _____

working under my personal supervision.

Signed

Harold Mass

Licensed Embalmer No.

2634

P. O. Address

Princeton, N.J.

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.