

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3817

State File No. _____

Registration District No. 254

Primary Registration District No. 5867

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural) Thayer
(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 23 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer (Rural)
(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 _____

3. (a) PRINT FULL NAME Olive Bell Hackett

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1943 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov 27, 1943 to Dec 28, 1943
that I last saw him alive on Nov 28, 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: July 23 1870
(Month) (Day) (Year)

Immediate cause of death:
Impingement of Gall Bladder & Intestinal Obstruction 3 days
Eye condition - Sensitivity

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

73	5	5	hr. _____ min.
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9. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Lawrence Neely

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

14. Maiden name Lou Sorrell

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

16. (a) Informant Mrs. Claude Risner
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo Carr
(b) Address Thayer, Mo.

19. (a) 2-8-44 (b) Gae D Williams
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) M.D.
Address Thayer, Mo. Date signed 1-1-44

1112

RECEIVED

District Health Officer No. 5,

District File Number 244.150

Date Filed 2-10-44

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.