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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7181

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 191A

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spfd. Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) 16 Hours
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3023 Olive St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Floyd M. Hosman
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unk.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Irene Hosman
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: Oct. (Month) 17 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
35	4	6	hr. min.

9. Birthplace: Ash Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Painter & Paperhanger
11. Industry or business: Charles
FATHER
12. Name: C. W. Hosman
13. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Mary L. Kirk
15. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: C. W. Hosman
(b) Address: Ash Grove, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Ash Grove, Mo.
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 2-25-44 (Date received local registrar) (b) R. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 1944 hour 1:05 minute P.M.
21. I hereby certify that I attended the deceased from Feb 22 1944 to Feb 23 1944 that I last saw him alive on Feb 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gun shot wound of trunk	1 hr
Due to: Transverse myelitis	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): 166	
Major findings: Of operations:	
Of autopsy: Yes see Coroners report	

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): Homicide
(b) Date of occurrence: Feb 22 1944
(c) Where did injury occur? Ashgrove (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street 1 block from about 9 P.M. (Specify type of place)
While at work? No (e) Means of injury: Gun shot wound
23. Signature: Robert Glynn (M. D. or other)
Address: Springfield, Mo. Date signed: 2/24/44

444 (Licensed Embalmer's Statement on Reverse Side)

MAR 10 1944

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. L Doalw Forman

Licensed Embalmer No. 3177

P. O. Address Springfield Md

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.