V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25034

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 29

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Odessa Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 208 North Russell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 5 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 712 west 12th 48
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary Emma Hitchings
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Claude Sacherest.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 23 (Day) 1874 (Year)

8. AGE: Years 69 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Odessa (City, town, or county) Mo. (State or foreign country)
10. Usual occupation apartment mgr.
11. Industry or business
FATHER
12. Name Thomas Hitchings
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Sarah Starr
15. Birthplace unknown (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Florence Shaffer
(b) Address Odessa Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 7 (Day) 44 (Year)
(c) Place: burial or cremation Odessa Mo
18. (a) Signature of funeral director Bruce Tons
(b) Address Odessa Mo
19. (a) Aug-3-1944 (Date received local registrar) (b) Mrs W.J. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 12 55 minute A M.
21. I hereby certify that I attended the deceased from July 1 1944, to July 7 1944 that I last saw her alive on July 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
(1) Perforated appendix and peritonitis
Due to (2) cardio renal vascular disease
Due to
Other conditions Senility 12 11
(Include pregnancy within 3 months of death)

Major findings: Of operations Drainage perforated appendix
Of autopsy

Duration

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) No
(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 W E Martin Mo (M. D. or other)
Address Odessa Mo Date signed 7/7/44

1157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Dist. Number
Date Filed 8-8-44

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 Horace Blunie

Licensed Embalmer No. 2758

P. O. Address Odessa 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.