No. 2
9-4-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38181

FILED NOV 20 1944

Registration District No. ____ Primary Registration District No. 3037 Registrar's No. 121

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

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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) In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Lawrence
(c) City or town: Mt Vernon, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs William Lee Hoge
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Fe
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: William Lee Hoge
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: June (Month) 14 (Day) 1858 (Year)
8. AGE: Years 86 Months 3 Days 6 If less than one day ____ hr. ____ min.
9. Birthplace: Bellefontaine (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
MOTHER FATHER
12. Name: Reder
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs H. J. McCrea
(b) Address: Mt Vernon, Mo.
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Sept 21 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Ohio
18. (a) Signature of funeral director: H. W. Fossett
(b) Address: Mt Vernon, Mo.
19. (a) 9/24/44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1:25 AM day 9/20 year 1944 hour 1 minute 25 A.M.
21. I hereby certify that I attended the deceased from July to Time of death, 1944, to ____, 19____ that I last saw her alive on 9/19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Senility
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 830
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: 2
23. Signature: B. D. Baird ~~M.D.~~ or other) DO
Address: Mt. Vernon Date signed 9/20/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1144-1156
Date Filed NOV 14 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 Mary L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.