

No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41880

State File No. _____

FILED DEC 16 1944

Registrar's No. 58

Registration District No. 277

Primary Registration District No. 4462

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Curryville Mo
 (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 no (Specify whether
 In this community 60 yrs. years, months or days)

3. (a) PRINT FULL NAME Cora P. Hazelton

3. (b) If veteran, name war no 3. (c) Social Security No. 910

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

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

7. Birth date of deceased: March 25 - 1862
 (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Montgomery Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name George A. Ayers

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

14. Maiden name Mary Elizabeth Ayers

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

16. (a) Informant Forest Hazelton

(b) Address Curryville Mo

17. (a) Burial (b) Date thereof Nov. 30 - 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Cem.

18. (a) Signature of funeral director W. B. E. Emore

(b) Address Bowling Green Mo.

19. (a) Dec 2 - 44 (b) Mr Frank Gady
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Curryville
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1944 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 1st. 1944 to Nov. 29th 1944
 that I last saw him alive on Nov. 27th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

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 James B. Prusa (M. D. or other) M.D.

Address Bowling Green Mo. Date signed 11/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District No. 12-44-1992

DATE DEC 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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.