

FILED JAN 19 1945

Registration District No.

Primary Registration District No. 5424

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town RURAL - Union Jurg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 miles West of Malden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DUNKLIN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles West of Malden
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME Allie Hoosier

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

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

6. (b) Name of husband or wife John Hoosier 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 12 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 23 hr. min.

9. Birthplace HICKMAN TENN
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business NONE

MOTHER FATHER { 12. Name UNKNOWN HAREWAY
13. Birthplace UNKNOWN TENN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Hoosier

(b) Address Malden, Mo. Rt #2

17. (a) BURIAL (b) Date thereof 12-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Stevens Chape

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

19. (a) 12-8-1944 (b) Mrs. D. P. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Wed - 6
year 1944 hour UNKNOWN minute - M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities. Of old Age

Due to _____
Due to 162 lb

Other conditions (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Coffey or other _____
Address Ken nell mo Date signed 12-6-44

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

RECEIVED

District Health Office No. 2,

District File Number 145-107

Date Filed 1-16-45

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.....

..... NOT EMBALMED, Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Schuman.....
Licensed Embalmer No. 4086.....

P. O. Address Malden.....

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.