

S. No. 2  
OM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 15 1945  
Registration District No. 170

Primary Registration District No. 5630

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County LACLEDE  
(b) City or town LEBANON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R. 3.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 YRS.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County LACLEDE 53  
(c) City or town LEBANON 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country (A)

3. (a) PRINT FULL NAME WASPED BENTON HOSKINS  
(b) If veteran, name war .....  
(c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JAN day 3  
year 1945 hour 12 minute 40 A. M.

4. Sex M. O 5. Color or race W  
6. (a) Single, widowed, married, divorced, MARRIED  
(b) Name of husband or wife LENA FARMER  
(c) Age of husband or wife if alive 65 years  
7. Birth date of deceased DEC 4 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-2- 1944 to 1-3- 1945  
that I last saw him alive on 1-2- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. Prostate  
Duration 17'

8. AGE: Years 78 Months 29 Days 29  
If less than one day hr. min.

Due to 516  
Due to .....

9. Birthplace COLE CO (City, town, or county) MO. (State or foreign country)  
10. Usual occupation RETIRED FARMER

Other conditions Endocarditis - unoperated (?)  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name W. M. W. Hoskins  
13. Birthplace COLE CO (City, town, or county) MO. (State or foreign country)  
14. Maiden name ELIZA LILLARD  
15. Birthplace KY (City, town, or county) (State or foreign country)

Major findings: Of operations None done  
Of autopsy None done  
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER  
16. (a) Informant Mrs. J. B. Hoskins  
(b) Address LEBANON MO.  
17. (a) BURIAL (b) Date thereof 1-5-45  
(Burial, cremation, or removal) LEBANON (Month) (Day) (Year)  
(c) Place: burial or cremation ROBERT CEM.  
18. (a) Signature of funeral director PALMER'S  
(b) Address LEBANON MO.  
19. (a) 1-12-45 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

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 0  
23. Signature A. E. Harrell (M. D. or other) MO  
Address Lebanon Date signed 1-4-45

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

2003

1129837

Received \_\_\_\_\_

Laclede County Health Unit

File No. 1-45-4

Date Filed 2/14/75

**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 *R. A. Palmer*

Licensed Embalmer No. 1161

P. O. Address Litton In

**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.**