

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 6

Registration District No. 99

Primary Registration District No. 5376

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXX
(Specify whether years, months or days)

In this community XXXX
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town Grand River Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hattie Oswald

3. (b) If veteran, name war none

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1945 hour 11 minute 9 A.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____ years

7. Birth date of deceased October 16th 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>7</u>	<u>hr. min.</u>

Immediate cause of death Heart Failure

Due to _____

Due to _____

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

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Major findings: Of operations None

Of autopsy _____

11. Industry or business in Home

12. Name Fred Day

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

14. Maiden name Unknown Jennings

15. Birthplace Unknown N. Y.
(City, town, or county) (State or foreign country)

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? Co. MO.

16. (a) Informant Walter Oswald

(b) Address Cameron, Mo.

23. Signature W. K. Miller (M. D. or other) _____
Address _____ Date signed 1/24/45

17. (a) Burial (b) Date thereof Jan 25th. 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Daniels Cem. Caldwell Co. MO.

18. (a) Signature of funeral director W. Moore

(b) Address Cameron, Mo.

19. (a) Jan 26 1945 (b) John Clarke
(Date received local registrar) (Registrar's signature)

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

S. No. 2
M—2-43
7. 5-17-39
1 X3567

030

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.....
Licensed Embalmer No. 1180
P. O. Address..... Cameron, 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.