

FILED MAR 15 1945

Registration District No. 233

Primary Registration District No. 43-48-5813

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Montgomery Co.

(b) City or town Wellsville Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Mo.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7.5 years (Specify whether)

In this community 7.5 years (years, months or days)

3. (a) PRINT FULL NAME Luneth Jane Hogood

3. (b) If veteran, name war: -

3. (c) Social Security No. -

4. Sex Female, 5. Color or race W.

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

6. (c) Age of husband or wife if alive 28-18-52 years

7. Birth date of deceased (Month) Jan (Day) 28 (Year) 1852

8. AGE: Years 92 Months 4 Days 3 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 at home

12. Name Abraham Moss

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

14. Maiden name Edith Garrison

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

16. (a) Informant Paul Hogood

(b) Address Montgomery Co Mo

17. (a) Rural (b) Date thereof 7-13-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director W. B. Nelson

(b) Address Wellsville Mo

19. (a) Feb 5-1945 (b) Mrs Virginia Norton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 45 hour 3 minutes 30 A.M.

21. I hereby certify that I attended the deceased from 7-1-45 to 2-1-45

that I last saw her alive on Jan 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 5 years

Due to ✓

Due to ✓

Other conditions: ✓ (Include pregnancy within 3 months of death)

Major findings: ✓ Of operations 93

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) (c) Means of injury _____

23. Signature J. H. Taylor (M. D. or other)

Address Wellsville Mo Date signed 2/1/45

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

70

1045

RECEIVED

District Health Officer No.

District File Number

Date Filed 3-14-45

MAR 11 1945

JUL 30 1945

MAR 29 1945

MAR 9 10 45

STATEMENT BY LICENSED EMBALMER

Whereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Self

Registered Apprentice No.

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No.

1588

P. O. Address

Helleville, 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.

MAR 30 1945

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