V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26969

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 268

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3M — 4d (Specify whether
In this community 3 M. — 4d
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper 14
(c) City or town Otterville, MO 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Virginia Chism

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race N

6. (a) Single, widowed, married, divorced Separated 1

6. (b) Name of husband or wife

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

7. Birth date of deceased 2/2 (Month) (Day) 1912 (Year)

8. AGE: Years 33 | Months | Days | If less than one day hr. min.

9. Birthplace Otterville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Gus Hogan
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Grace Finley
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Records
(b) Address Stat Hosp No 1 Fulton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Otterville

18. (a) Signature of funeral director L. F. Pirker
(b) Address Otterville Mo

19. (a) 8-25-1945 (Date received local registrar) (b) Josie Morsink Boff (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1945 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from 5-21 — 1945, to 8-25 — 1945 that I last saw her alive on 8-25 — 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis (acute) septic type	
Due to	
Due to	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature J. B. Stokes (M. D. or other) MD
Address Fulton Mo Date signed 8/25/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-11-45

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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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.