

S. No. 2
M-5-43
7-5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37446

State File No. _____
Registrar's No. 340

Registration District No. 146 Primary Registration District No. 5568

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue *Jump*
(c) Name of hospital or institution: 1407 W 27th Street Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 41
(c) City or town Independence Route #5
(If outside city or town limits, write "RURAL")
(d) Street No. 1407 W 27th Street Terrace
(If rural, give location) NO
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT Emma Louise Hiatt
FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. none
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Truman W. Hiatt
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May 4 1905
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 21
year 1945 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____ 19____
Joseph Garner
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
40 6 18 hr. _____ min.

Immediate cause of death _____
poisoning by ingestion of Beech leaf
Due to _____
Due to _____

9. Birthplace Frystott Missouri 1)
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death) none
Major findings: _____
Of operations _____

MOTHER FATHER
11. Industry or business _____
12. Name William Jostmeier
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Sprae
(City, town, or county) (State or foreign country)
15. Birthplace Missouri 1)
(City, town, or county) (State or foreign country)

Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Nov 21 - 45
(c) Where did injury occur? Indep. Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

16. (a) Informant Truman W. Hiatt
(b) Address 1407 W 27th St. Terrace
17. (a) Burial (b) Date thereof 11-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
George C. Carson Funeral
18. (e) Signature of funeral director _____
(b) Address Independence Missouri
19. (a) 11-23-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Owens (M. D. or other)
Address Kennett Mo Date signed 11/23/45
While at work? no (Specify type of place) (e) Means of injury _____

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

1163

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

George J. Gannon

Licensed Embalmer No. *2249*

P. O. Address *Indep. 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.