

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1946
Registration District No. 320

Primary Registration District No. 5459

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Center Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 7 Springfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 46 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural Center Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 7 Springfield, Mo.
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Hosey
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26
year 1946 hour 7 minute 45 a.m.
21. I hereby certify that I attended the deceased from Oct 1945 to Jan 26 1946
that I last saw him FR alive on Jan 24 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert E. Hosey
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Sept. 11 1871
(Month) (Day) (Year)

Immediate cause of death Coronary Arterial Vasculature Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 74 Months 4 Days 15
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business _____
12. Name John Poindexter
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances
15. Birthplace Greenfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Hosey
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 1/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookline, Mo.
18. (a) Signature of funeral director H.H. Lohmayer
(b) Address Springfield, Mo.
19. (a) Jan 28 - 46 (b) Jewell Williams
(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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Max G. Williams (M. D. or other) M.D.
Address Springfield, Mo. Date signed 1-28-46

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

39

60

706

107

RECEIVED

Greene County Health Office,

County File Number 46-2-19.

Date Filed 2-12-46

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 Walter E. Hamilla

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.