. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Fitch

2710

State File No.

Registration District No. 320 Primary Registration District No. 5459 Registrar's No.

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 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 7 Springfield, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Robert E. Hosey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Hosey

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

7. Birth date of deceased Oct. (Month) 31 (Day) 1865 (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Clarion County (City, town, or county) Penn. / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Newell Hosey
13. Birthplace (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name DeGenira Lawson
15. Birthplace (City, town, or county) Penn. / (State or foreign country)

16. (a) Informant Mrs. Efton C/ Harris
(b) Address Route # 7 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation Brookline Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) Jan 22-46 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1946 hour 8 minute 30a. M.

21. I hereby certify that I attended the deceased from Dec 1, 1945, to Jan 16, 1946
that I last saw him alive on Jan 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular Disease

Due to

Due to

Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

1310

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 Max Fitch (M. D. or other) MD
Address Springfield Mo Date signed 1-16-46

107

(Licensed Embalmer's Statement on Reverse Side)

46-2-20
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 Ray H. Mercer, Registered Apprentice No. 380, working under my personal supervision.

Signed L. Dookie Gorman

Licensed Embalmer No. 3477

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.