S. No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4343

State File No. .....

Registration District No. 387 Primary Registration District No. 45-26-2 17 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural - Drywood Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sheldon Mo. R. 2 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Sheldon Mo. R. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME GEORGIA ANN HITES
3. (b) If veteran, name war .....
3. (c) Social Security No. no

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 7
6. (b) Name of husband or wife George Hites
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ~~June~~ Jan (Month) 14 (Day) 1864 (Year)

8. AGE: Years 81 Months 11 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Vernon County (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business Same

FATHER
12. Name George Campbell
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kazar Utah
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jim Hites
(b) Address Sheldon Mo. R. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Olive Branch
18. (a) Signature of funeral director A. B. Berry & Son
(b) Address Sheldon Mo.
19. (a) Jan 3 1946 (Date received local registrar) (b) Ruth Faith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 8 hour 5.5 minute P M.
21. I hereby certify that I attended the deceased from Dec 28 1945, 19..., to Dec 29 1945; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral	
Due to: Hemorrage	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: 0	

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. Barnett (M. D. or other)
Address Rue Springs Mo Date signed 12-29-45

100924

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

330 (Licensed Embalmer's Statement on Reverse Side)

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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.