

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

State File No. 23258
Registrar's No. 72

Registration District No. 120 Primary Registration District No. 4196

1. PLACE OF DEATH:
(a) County Greentry
(b) City or town Warlington
(c) Name of hospital or institution: _____
(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 Greentry
(c) City or town Warlington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luceida Jane Hise
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13 year 1946 hour 7 minute 57 A.M.
21. I hereby certify that I attended the deceased from March 24 _____, 1946, to July 10 _____, 1946
that I last saw her alive on July 10 _____, 1946
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 John F. Hise 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 11 1864
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Due to _____
Due to _____
Other conditions Salt Stones
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 9 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Greentry Co. Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Duration 3 yrs.
Physician _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Lang
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Ragle
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ollie Hopkin
(b) Address Warlington, Mo.
17. (a) Burial (b) Date thereof 7/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Friendship
18. (a) Signature of funeral director Clifford Brown
(b) Address Albany, Mo.
19. (a) July 20-1946 (b) Harner M. Hester
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(g) 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 Fran Rose (M. D. or other) M.D.
Address Albany, Mo. Date signed 7-13-46

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

22114

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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 me

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

Signed.....

William C. Burks
.....
Licensed Embalmer No. 3329

P. O. Address.....

Albany 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.