S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37828

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 166

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Martin Landeather Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Hrs (Specify whether years, months or days)
In this community 30 Hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Stanberry (If outside city or town limits, write "RURAL")
(d) Street No. Oak-Hill-Addition (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ada Hoskins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Wht
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert C Hoskins
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 1. (Month) 12 (Day) 1867 (Year)

8. AGE: Years 79 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Mount Pleasant (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
12. Name (FATHER) William T. Beckman
13. Birthplace Scott County (City, town, or county) Illinois (State or foreign country)
14. Maiden name (MOTHER) Mellisa Nokes
15. Birthplace ✓ (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Robert D. Hoskins
(b) Address 767 Buchanan Emporia Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Maryville Cemetary
18. (a) Signature of funeral director Evan Johnson
(b) Address Stanberry Missouri
19. (a) Nov. 13-46 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1946 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1946, to Nov 11, 1946; that I last saw her alive on Nov. 11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	42 hrs
Due to: Cardio Vascular Renal Disease	20 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 131A	
Of autopsy:	

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) 2
While at work? (e) Means of injury

23. Signature W. R. Landeather (M. D. or other) D.O.
Address Maryville Mo. Date signed 11-11-46

(Licensed Embalmer's Statement on Reverse Side)

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M. Price

, Licensed Embalmer No. 1822

P. O. Address Maryville 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.