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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1947
152

Registration District No. _____

Primary Registration District No. 5476

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greundy
(b) City or town Findell Lincoln twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 91 years (Specify whether
In this community 91 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greundy
(c) City or town Findell
(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 SARAH JANE HOTCHKISS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed married, divorced 21
6. (b) Name of husband or wife ELI HOTCHKISS 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased: Oct 27 1855 (Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Greundy Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Noble Legg

13. Birthplace Peru (City, town, or county) (State or foreign country)

14. Maiden name Phoebe Mustard

15. Birthplace D.K. a (City, town, or county) (State or foreign country)

16. (a) Informant Maurice Legg

(b) Address 1119 E. 26 in Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Warton Cem

18. (a) Signature of funeral director Chas. Dixon

(b) Address Trenton, Mo.

19. (a) 12-9-46 (Date received local registrar) (b) Drener Jain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1946 hour 11:30 minute 4 M.
21. I hereby certify that I attended the deceased from Jan 1 1944 to Dec 7 1946
that I last saw h. alive on Dec 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 97

Of operations _____

Of autopsy _____

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) Place of injury 0

23. Signature E.A. Duffy (M. D. or other) _____

Address Trenton, Mo Date signed Dec 14 1946

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

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

39147

115 (Licensed Embalmer's Statement on Reverse Side) DR. E.A. DUFFY

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

Signed Maurice Oylor
Licensed Embalmer No. 4442
P. O. Address Trenton, 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.